

## REVIEWER'S REPORT

Manuscript No.: IJAR-57979

Title: Cytomegalovirus Esophagitis Mimicking Herpetic Esophagitis in a Newly Diagnosed HIV Patient: A Diagnostic Challenge,

**Recommendation:**

Accept after minor revision

Rating	Excel.	Good	Fair	Poor
Originality			✓	
Techn. Quality		✓		
Clarity		✓		
Significance	✓			

Reviewer's ID: JPR- Bilqees Hamza

### Detailed Reviewer's Report

#### General Overview

The manuscript presents a highly compelling and clinically significant case report detailing an unusual presentation of Cytomegalovirus (CMV) esophagitis in a patient newly diagnosed with Human Immunodeficiency Virus (HIV). The primary objective of the article is to highlight a complex diagnostic dilemma wherein the macroscopic, endoscopic appearances of esophageal ulcerations closely resembled the characteristic features of Herpes Simplex Virus (HSV) esophagitis, ultimately requiring histopathological and immunohistochemical confirmation to establish the true etiology. The authors meticulously document the clinical presentation, diagnostic workup, therapeutic intervention, and subsequent recovery of the patient. This case underscores the critical importance of tissue biopsies over visual endoscopic impressions in immunocompromised individuals.

The research topic holds substantial relevance in the fields of infectious diseases, gastroenterology, and HIV medicine. While opportunistic gastrointestinal infections are well-documented in advanced HIV/AIDS, atypical presentations that mimic other specific pathogens pose a serious risk of misdiagnosis and inappropriate empirical therapy. The major strength of this work lies in its detailed clinical description and the clear demonstration of how relying solely on gross endoscopic findings could have led to incorrect treatment. The narrative flows logically from the initial presentation of severe dysphagia

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and odynophagia through the diagnostic journey to the successful deployment of targeted antiviral therapy.

In terms of its contribution to the existing literature, the manuscript serves as an excellent educational tool and a reminder of the diagnostic pitfalls in managing opportunistic infections. By analyzing the overlap in endoscopic manifestations between CMV and HSV, the study adds valuable clinical nuance to the established diagnostic algorithms. The insights provided are well-grounded, avoiding overgeneralization while emphasizing the necessity of histological validation, making it a valuable addition to the clinical corpus.

### Suggestions for Improvement

While the manuscript is well-written and clinically sound, a few minor modifications and narrative clarifications would further elevate its educational value and presentation prior to publication.

- Expansion of the Background Discussion:** The introduction effectively sets the stage for opportunistic infections in HIV patients. However, the background would be strengthened by briefly citing recent statistical trends or epidemiological data regarding the co-incidence of CMV and HSV esophagitis in newly diagnosed HIV individuals to better contextualize the rarity or frequency of this diagnostic challenge.
- Clarification of Laboratory and CD4 Parameters:** The case description mentions the patient's newly diagnosed HIV status. To provide a clearer clinical picture, the authors should explicitly state the initial CD4 positive T-lymphocyte count and the viral load parameters within the main text, as these values are critical for readers to assess the exact degree of immunosuppression.
- Enhancement of Endoscopic Imagery Descriptions:** The description of the endoscopic findings is highly detailed. To improve clarity, the authors should ensure that the text narrative explicitly calls out specific features in the accompanying endoscopic figures—such as pointing out where the punch-out or linear ulcerations appear—allowing the reader to appreciate the visual mimicking directly.
- Detailing the Histopathological Criteria:** The manuscript correctly emphasizes that histopathology resolved the diagnostic challenge. The presentation would benefit from a slightly more detailed narrative description of the specific cellular changes observed, such as detailing the presence of prominent intranuclear inclusion bodies or cytomegaly, to contrast sharply with what would typically be expected in a herpetic infection.
- Elaboration on the Therapeutic Timeline:** The treatment section notes the successful administration of antiviral therapy. It would be helpful to include a brief timeline indicating how

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quickly the patient experienced symptomatic relief after switching to CMV-targeted therapy, as well as the planned duration of the induction and maintenance phases.

- 6. Minor Technical and Typographical Refinements:** The manuscript demonstrates excellent readability. A minor proofreading pass is recommended simply to ensure that medical terms, drug dosages, and abbreviations are completely standardized throughout the text, particularly in the transition between the case presentation and the discussion sections.

### Recommendation

**Recommendation:** Accept with Minor Revisions

### Justification

The manuscript makes a meaningful and practical contribution to clinical literature by documenting a deceptive presentation of Cytomegalovirus esophagitis that closely mimicked herpetic esophagitis in a vulnerable patient. The clinical management, diagnostic reasoning, and eventual resolution of the case are generally sound and well-documented. The identified areas for improvement are minor and primarily relate to the inclusion of specific laboratory parameters, enhanced descriptions of the diagnostic images, and minor textual clarifications. The manuscript is highly suitable for publication after these minor revisions are integrated.