CONDITION

Infectious esophagitis

Infectious esophagitis is inflammation of the swallowing tube caused by a fungal, viral, or rarely bacterial infection.

WHAT IT IS
Infection and inflammation of the swallowing tube

BODY SYSTEM
Digestive system

MAIN SYMPTOMS
Painful swallowing, difficulty swallowing, chest pain, reduced eating

WHAT CAUSES IT
Usually fungal or viral infection

HOW IT IS DIAGNOSED
Upper endoscopy with tissue samples or brushings

MAIN TREATMENT
Antifungal or antiviral treatment

CAN IT BE CURED?
Sometimes - episodes usually clear with treatment

IS IT AN EMERGENCY?
Sometimes - inability to swallow fluids or bleeding

LONG-TERM OUTLOOK
Usually good; recurrence reflects ongoing immune weakness

Overview

Infectious esophagitis is an infection of the esophagus, the muscular tube that carries food from your mouth to your stomach. The infection inflames or damages its lining, making swallowing painful or difficult.

The most common causes are Candida yeast, herpes simplex virus, and cytomegalovirus, usually called CMV. These organisms may live in or enter the body without causing esophagitis. Problems are more likely when the immune system cannot keep them under control.

Infectious esophagitis mainly affects people with weakened immune systems. This can include people living with advanced HIV, those receiving cancer treatment, and people taking medicines that suppress immunity after an organ transplant. It can occasionally occur without a known immune problem.

Treatment matters because pain may prevent you from eating or drinking enough. Untreated inflammation can also lead to bleeding or, less often, narrowing or a tear in the esophagus. The infection is usually treatable, although recovery and the risk of recurrence are influenced by its cause and your underlying health.

Symptoms

Pain when swallowing is the most characteristic symptom. This is called odynophagia . The pain may be felt in the throat or behind the breastbone and can become worse when food or liquid passes down.

You may also have dysphagia , meaning that food or liquid feels slow, stuck, or difficult to swallow. Some people avoid meals because swallowing hurts.

Other possible symptoms include:

White mouth patches are known as oral thrush. Thrush can occur with esophageal candidiasis, but its presence does not prove that the esophagus is infected. Its absence does not rule the condition out.

Chest pain has many possible causes, including heart and lung conditions. Symptoms alone cannot confirm infectious esophagitis or identify the organism responsible.

- Burning or pressure-like pain behind the breastbone
- Reduced appetite, weight loss, or dehydration
- Nausea, vomiting, or fever
- Sores around the mouth with herpes infection
- White patches in the mouth with Candida infection

Causes and risk factors

Candida is a yeast that normally lives on the skin and in parts of the digestive tract. If immune defenses or the usual balance of microorganisms are disrupted, it can overgrow and infect the esophagus. This is called esophageal candidiasis.

Herpes simplex virus, or HSV, can cause small ulcers in the esophageal lining. CMV can cause deeper or larger ulcers. Both infections are most common when immunity is significantly weakened. Rarely, other fungi, viruses, or bacteria may be responsible.

Factors that can raise the risk include:

Inhaled corticosteroids like budesonide or fluticasone used for asthma or other lung conditions can encourage Candida growth in the mouth and throat, especially if medicine remains there after use. Swallowing problems or medicines that reduce stomach acid may also contribute in some people.

Acid reflux, tablets that irritate the esophagus, and inflammatory conditions can cause similar symptoms without an infection. These conditions may require different treatment.

- HIV that is not fully controlled, particularly with advanced immune weakness
- Chemotherapy, radiation treatment, or certain blood cancers
- Organ or stem cell transplantation
- Corticosteroids or other medicines that suppress the immune system
- Recent broad-spectrum antibiotic treatment
- Poorly controlled diabetes
- Severe illness, frailty, or poor nutrition
- Conditions that slow the movement of food through the esophagus

Diagnosis

Your healthcare professional will ask about swallowing, chest pain, weight changes, recent infections, medicines, and conditions that affect immunity. Your mouth may be checked for thrush or ulcers.

An upper endoscopy is the main test used to confirm the diagnosis. During this procedure, a thin flexible tube with a camera is passed through the mouth while you receive medicine to help with comfort. The clinician examines the esophagus for plaques, inflammation, or ulcers.

Appearances can suggest a cause. Candida often produces raised white plaques, while HSV and CMV tend to cause ulcers. However, appearance alone may not reliably identify the infection.

Small tissue samples, called biopsies, may be taken. Cells can also be collected with a tiny brush. Laboratory examination can show fungal forms, viral changes, or proteins from a particular virus. Samples are especially important when ulcers are present, symptoms are severe, or the initial treatment has not worked.

Blood tests may assess dehydration, nutrition, immune function, or possible complications. A positive blood or saliva test for a virus does not by itself prove that the virus is causing esophagitis.

In some people with a typical presentation of esophageal candidiasis, treatment may begin before endoscopy. Endoscopy is usually considered if the diagnosis is uncertain or symptoms do not improve as expected.

Treatment and management

Treatment is directed at the organism causing the infection. Your other health conditions, ability to swallow, kidney or liver function, and possible medicine interactions all affect the choice of treatment.

Esophageal candidiasis requires an antifungal medicine that works throughout the body. Treatments intended only for mouth thrush may not reach the esophagus well enough. Medicine may be taken by mouth when swallowing is possible or given through a vein when it is not.

HSV esophagitis may be treated with an antiviral medicine, especially in people with weakened immunity or substantial symptoms. Some HSV infections in otherwise healthy people can settle without treatment, but medical assessment is still important because other causes may look similar.

CMV esophagitis is treated with antiviral medicine and often needs specialist management. These medicines can affect blood cell counts or kidney function, so blood tests and clinical follow-up may be needed.

Supportive care may include fluids, pain relief, and temporary changes in food texture. Soft, moist foods and cool or room-temperature drinks may be easier to swallow. Very hot, acidic, rough, or spicy foods can worsen pain for some people.

Do not stop corticosteroids like prednisone or hydrocortisone , transplant medicines, cancer treatment, or other prescribed medicines on your own. If a medicine may be contributing, the clinician managing it can weigh the risks of changing it. Antifungal and antiviral medicines can interact with other treatments, making a complete medicine list important.

Complications

Painful swallowing can reduce food and fluid intake. This may cause dehydration, weight loss, weakness, or poor nutrition.

Inflamed ulcers can bleed. Slow blood loss may cause anemia, meaning too few healthy red blood cells. More obvious bleeding may appear as vomiting blood or passing black, tar-like stools.

Healing can occasionally leave scar tissue that narrows the esophagus. This is called a stricture and can cause continuing difficulty with solid foods. A stricture may need treatment to widen it.

A deep ulcer can rarely create a hole in the esophagus, known as a perforation. This causes serious inflammation or infection in the chest and needs emergency treatment.

In people with severe immune weakness, the organism may also be active elsewhere in the body. The likelihood and type of complications differ between Candida , HSV, and CMV.

Prevention

Infectious esophagitis cannot always be prevented, particularly when immune suppression is necessary for cancer treatment or transplantation.

Managing the underlying cause of immune weakness can reduce risk. For people living with HIV, effective HIV treatment helps the immune system control opportunistic infections. An opportunistic infection is one that takes advantage of weakened immune defenses.

Use antibiotics and immune-suppressing medicines only as prescribed. Do not change or stop them to prevent esophagitis without medical advice.

If you use an inhaled corticosteroid, follow the device instructions. Rinsing your mouth and spitting out the water afterward can reduce medicine left in the mouth. Correct inhaler technique and a spacer, when appropriate for the device, may also reduce local exposure.

Routine antifungal or antiviral like acyclovir or oseltamivir prevention is not appropriate for everyone. It may be considered in selected high-risk situations based on the underlying condition and previous infections.

Living with it and what to expect

Many people begin to find swallowing easier after effective treatment starts, but healing is not immediate. The time needed depends on the organism, the depth of inflammation, your immune function, and whether you can take and absorb the medicine.

A single episode can clear without leaving lasting damage. You may need softer foods, nutrition support, or extra fluids while the esophagus heals. Normal eating can usually be resumed gradually as pain settles.

Follow-up often focuses on whether you can swallow, maintain hydration, and return to your usual food intake. Repeat endoscopy is not always needed after a clear response. It may be recommended if symptoms persist, return, or suggest a complication.

Recurrence is more likely while the underlying immune problem continues. CMV and Candida can return in people with substantial or prolonged immune suppression. Long-term management therefore includes treating the infection and, where possible, improving the condition that allowed it to develop.

Persistent swallowing difficulty after the infection has cleared may have another cause, such as scarring, reflux, or an esophageal movement problem. It should not automatically be assumed to be another infection.

When to get medical help

Seek emergency care if you:

Contact a healthcare professional promptly if you develop new painful or difficult swallowing, particularly if you have a weakened immune system. You should also seek prompt advice for fever, repeated vomiting, reduced urination, worsening weakness, or rapid unintended weight loss.

Routine follow-up is important if symptoms are not improving within the timeframe given by your care team, return after treatment, or continue to limit eating. Keep scheduled blood tests if your treatment requires monitoring.

- Vomit blood or material that looks like coffee grounds
- Pass black, tar-like stools with weakness or light-headedness
- Develop sudden or severe chest pain, especially with breathing difficulty
- Cannot swallow your saliva or any fluids
- Faint, become confused, or have signs of severe dehydration

Common questions

Is infectious esophagitis contagious?

The condition itself is not usually passed from one person to another. Candida commonly lives in the body, and CMV or HSV esophagitis often results from reactivation of a virus already present. HSV and CMV can spread between people through close contact or body fluids, but exposure does not mean someone will develop esophagitis.

Can infectious esophagitis go away on its own?

Some HSV infections in people with healthy immune systems may settle without treatment.

Candida and CMV esophagitis generally need organism-specific medicine. Because the symptoms can have several causes, it is safer to seek assessment rather than wait for them to pass.

How long does infectious esophagitis last?

Swallowing may begin to improve after treatment starts, while full healing takes longer. The course is affected by the organism, the severity of the inflammation, immune function, and response to treatment. Persistent symptoms may require endoscopy or repeat testing.

Is infectious esophagitis the same as acid reflux?

No. Acid reflux damages the esophagus when stomach contents flow upward. Infectious esophagitis is caused by an organism such as Candida , HSV, or CMV. Both can cause chest discomfort or painful swallowing, so testing may be needed to tell them apart.

What can I eat while my esophagus heals?

Soft, smooth, moist foods may be easier to swallow. Small meals and cool or room-temperature drinks can also help. Avoid foods that clearly increase your pain. If you cannot drink enough or are losing weight, seek medical advice rather than relying only on diet changes.

Does oral thrush mean the infection has spread to my esophagus?

Not necessarily. Thrush can remain limited to the mouth. Esophageal infection is more likely when thrush occurs with pain or difficulty swallowing, but confirmation may require endoscopy or response to appropriate treatment.

Sources

- Pappas PG, Kauffman CA, Andes DR, et al. Clinical Practice Guideline for the Management of Candidiasis: 2016 Update by the Infectious Diseases Society of America . Clinical Infectious Diseases . 2016;62(4):e1-e50.
- National Institutes of Health. Candidiasis: Adult and Adolescent Opportunistic Infections Guidelines . Clinicalinfo.HIV.gov.
- National Institutes of Health. Cytomegalovirus Disease: Adult and Adolescent Opportunistic Infections Guidelines . Clinicalinfo.HIV.gov.
- National Institutes of Health. Herpes Simplex Virus: Adult and Adolescent Opportunistic Infections Guidelines . Clinicalinfo.HIV.gov.
- Merck Manual Professional Edition. Infectious Esophageal Disorders . Merck & Co., Inc.