Colitis ulcerosa por citomegalovirus

Cytomegalovirus ulcerative colitis

Inês de Almeida Mendes[1], Maria João Baptista[2]

[1] Internal Medicine Resident. Beatriz Ângelo Hospital. Loures. Lisbon (Portugal)
[2] Internal Medicine Assistant. Beatriz Ângelo Hospital. Loures. Lisbon (Portugal)

Cytomegalovirus (CMV) infection in immunocompetent patients is generally asymptomatic, can become latent and reactivate later in situations of immunosuppression.

We present the case of a 77-year-old male with a medical history of end-stage renal disease (not yet on dialysis), type 2 diabetes and heart failure. He presented to the emergency room with a two-day history of profuse watery diarrhea, without blood or mucus. He denied fever and had recently completed 7 days of antibiotic therapy with amoxicillin-clavulanic acid for a cystitis.

On admission, his vitals were normal (BP 115/73mmHg, HR 87ppm, TT 36.8ºC). Laboratory testing revealed leukocytosis (18,36x10^9) and elevated CRP (23.49mg/dL). *Clostridium difficile* infection was ruled out and stool cultures were negative. Blood screening for *Entamoeba histolytica*, *Campylobacter jejuni*, *Salmonella Typhi* H/O and *Paratyphi* A/B were negative. HIV screening was also negative, as well as HBsAg and HCV DNA. He went under colonoscopy, that showed swollen and hyperemic mucosa with deep ulcers and mucous bridges (segmental colitis). Immunohistochemical stains for *cytomegalovirus* in the biopsy and blood serologies for *cytomegalovirus* (IgM and IgG) were positive. He was treated with ganciclovir and at four-week follow-up there was a clear improvement.

CMV usually has exuberant manifestations in immunocompromised patients (eg. HIV, corticotherapy). It's less common in immunocompetent patients but usually these patients have comorbidities that can affect immune function (pregnancy, renal disease, diabetes, malignancy). The diagnosis of cytomegalovirus colitis is made through histology, requiring a biopsy that shows an owl's eye appearance (inclusion bodies), which is highly specific for cytomegalovirus infection.

Figure 1. Punched-out ulcerations with pseudomembrane formations (arrow)

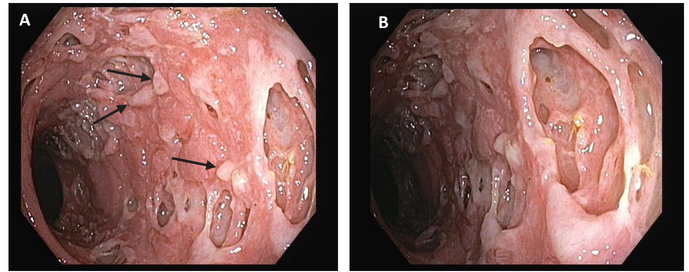


Figure 2. Cobblestone-like appearance

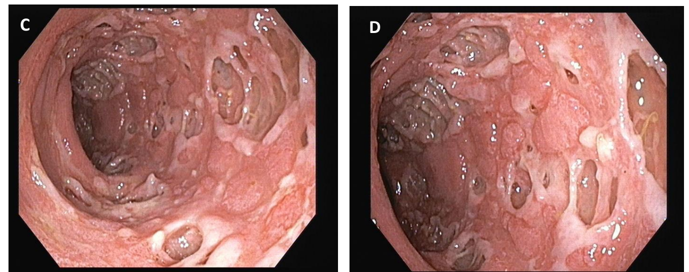
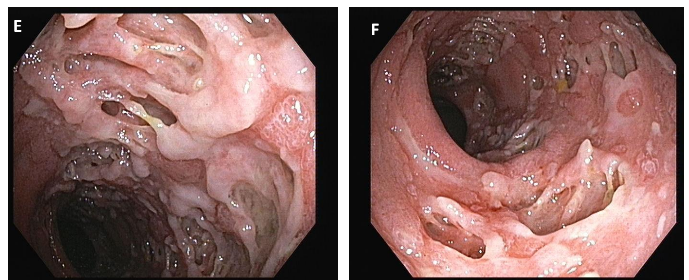


Figure 3. Deep ulcerations and mucous bridges (segmental colitis)



CONFLICT OF INTEREST
The authors declare that they have no conflict of interests.

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ETHICAL ASPECTS
All participants submitted a consent form to be included in this study.

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Correspondencia: inesamendes@gmail.com
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