Colon Cytomegalovirus Infection: A Case Report with Rare Endoscopic Presentations

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Abstract

Cytomegalovirus (CMV) infection can occur in severely immunocompromised populations, such as people suffering from acquired immunodeficiency syndrome (AIDS), patients receiving immunosuppressive therapy after transplantation or undergoing chemotherapy for malignancies, and long-term corticosteroid users. CMV frequently occurs in the gastrointestinal tract of such immunocompromised individuals, but only a few of them develop clinically apparent CMV disease. The gold standard of diagnosis for CMV infection is the presence of viral inclusion bodies in infected cells, after the exclusion of other viral, fungal, parasitic, and bacterial infections. CMV colitis results in lesions varying from segmental to extensive mucosal ulcerations. We report a rare endoscopic feature of severe and extensive colitis, resembling pseudo-polyp lesions, observed in a 72-year-old woman with myelomatosis who had suffered from progressive bloody diarrhea and abdominal pain for one month. Histological examination of biopsies from the ulcer bases, stained with hematoxylin and eosin (H&E) and an immunohistochemical stain for anti-CMV monoclonal antibody confirmed the presence of CMV inclusion bodies. The patient expired despite treatment with ganciclovir. (J Intern Med Taiwan 2008;19:67-71)

Key Words: Cytomegalovirus (CMV), Severe gastrointestinal tract infection, Pseudopolyp colonic lesions

Introduction

Infection with cytomegalovirus (CMV) has been reported in immunocompromised patients with acquired immunodeficiency syndrome (AIDS), solid organ transplant recipients on immunosuppressive therapy, and cancer patients receiving chemotherapy. Although CMV can be detected in the gastrointestinal tracts of 30-43% of the immunocompromised patients, only about 7% of them develop clinically apparent CMV disease. Early detection of CMV antigen in infected cells by means of monoclonal an-