

Title:
**Cytomegalovirus (CMV): associated
ischemic colitis in an immunocompetent
patient**

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DOI: 10.17235/reed.2017.4937/2017

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:
Puerta Ana, Priego Pablo, Galindo Julio.
Cytomegalovirus (CMV): associated
ischemic colitis in an immunocompetent
patient. Rev Esp Enferm Dig 2017. doi:
10.17235/reed.2017.4937/2017.

Enero 2017 • Volumen 109 • Número 1 • Páginas 1-86

CODE: READ09 ISSN: 1001-0168

Revista Española de Enfermedades Digestivas
THE SPANISH JOURNAL OF GASTROENTEROLOGY

Acceso al texto completo en: www.reed.es o www.sagepub.com

Factor de impacto 2016: JCR: 1.455-1248
SCR: 0.34-1026

ORGANO OFICIAL DE:
SOCIEDAD ESPAÑOLA DE PATOLOGÍA DIGESTIVA, SOCIEDAD ESPAÑOLA
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CE 4937 inglés

Cytomegalovirus (CMV): associated ischemic colitis in an immunocompetent patient

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Key words: Ischemic colitis. Infection. Cytomegalovirus. Colitis. Immunocompetent.

Dear Editor,

Cytomegalovirus (CMV) severe infections mainly occur in immunocompromised patients and are rare among immunocompetent individuals. We report a rare case of cytomegalovirus colitis associated with ischemic colitis in a non-immunocompromised patient.

Case report

A 61-year-old male underwent surgery for a broken aortic abdominal aneurism. Thirty days later, he had rectal bleeding and a subsequent drop in hemoglobin levels of 6 g/dl that required a blood transfusion (four HC) and parenteral iron therapy. Abdominal computed tomography (CT) and colonoscopy were performed (Fig. 1). A diagnosis of cytomegalovirus colitis associated with severe ischemic colitis was made according to the results.

CMV serology showed viral reactivation. Quantitative polymerase chain reaction (PCR) analysis detected the presence of viral DNA (1,670 copies/ml) in serum.

Intravenous ganciclovir 500 mg was given every 12 hours with no oral intake and broad spectrum antibiotherapy was maintained.

Twenty days after the antiviral treatment was initiated, the symptomatology disappeared, hemoglobin levels remained stable (9.5 g/dl) and serum viral charge was

undetectable. The patient was discharged after a normal radiologic control (CT).

Discussion

The most frequent gastrointestinal sites of CMV disease affliction in immunocompetent patients are the colon and the rectum (1-5). The symptoms of CMV colitis are variable (1-5). The diagnosis is based on complete colonoscopy and colonic biopsies.

Rectal bleeding might be observed in both ischemic colitis and CMV colitis to different extents although experience of the coexistence of both is still limited (3).

Treatment (generally with ganciclovir) achieves bleeding cessation independently of the long-term complications of the ischemic component (mainly colonic stenosis) (2).

Thus, treatment based on a conservative management should be recommended as a first option and surgical therapy only performed for those cases that do not respond to antiviral treatment, clinical instability and/or septic complications due to colonic perforation.

References

1. Rafailidis PI, Mourtzoukou EG, Varbobitis IC, et al. Severe cytomegalovirus infection in apparently immunocompetent patients: A systematic review. *Virology* 2008;5:47-53. DOI: 10.1186/1743-422X-5-47
2. Hasegawa T, Aomatsu K, Nakamura M, et al. Cytomegalovirus colitis followed by ischemic colitis in a non-immunocompromised adult: A case report. *World J Gastroenterol* 2015;21:3750-4. DOI: 10.3748/wjg.v21.i12.3750
3. Gorsane I, Aloui S, Letaif A, et al. Cytomegalovirus ischemic colitis and transverse myelitis in a renal transplant recipient. *Saudi J Kidney Dis Transpl* 2013;24:309-14. DOI: 10.4103/1319-2442.109588
4. Gas-Ruiz C, Ros-López SE, Vilardell-Villella F, et al. Colitis pseudomembranosa letal en paciente inmunocompetente. *Rev Esp Enferm Dig* 2015; 107: 117-119.
5. Seo TH, Kim JH, Ko SY, et al. Cytomegalovirus colitis in immunocompetent patients: A clinical and endoscopic study. *Hepatogastroenterol* 2012;59:2137-41.

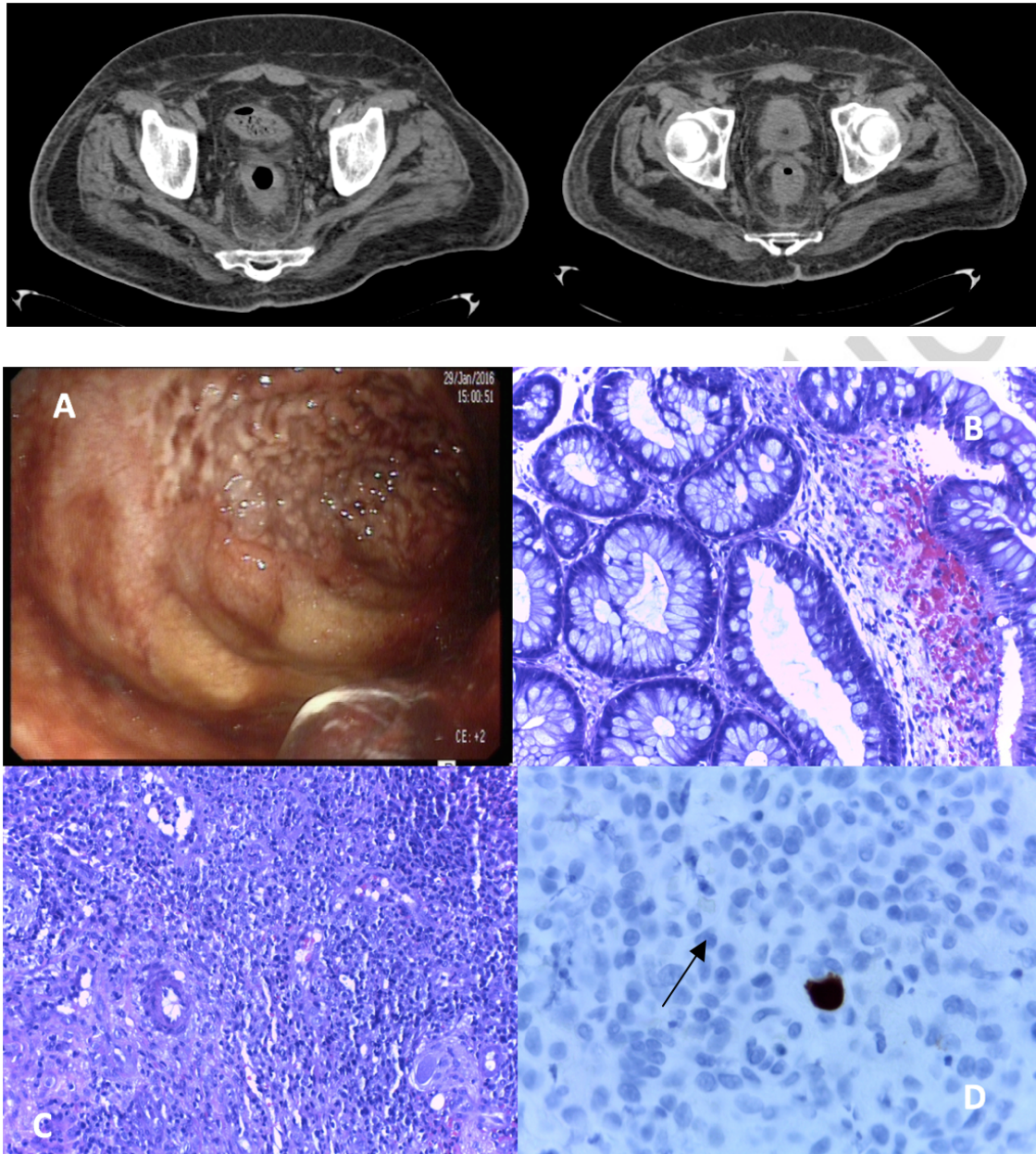


Fig. 1. Abdominal CT: thickening of the rectum wall. Colonoscopy: the first 30 cm from anus were examined. Multiple deep mucosal ulcerations occupying 100% of the circumference were suggestive of severe ischemic colitis. A. The exploration was stopped due to an elevated risk of perforation. B and C. Histology: Intense mixed inflammatory infiltration. D. Immunohistochemical staining for CMV: CMV positive endothelial cells, nucleomegaly.

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