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DOI: 10.17235/reed.2021.8245/2021 Link: <u>PubMed (Epub ahead of print)</u>

Please cite this article as:

Fernández-Gordón Sánchez Flor María, Arranz Álvarez María, Jiménez Almonacid Justino, García-Ramos García Carmen. EBV-positive mucocutaneous ulcer: just in immunosuppressed patients?. Rev Esp Enferm Dig 2021. doi: 10.17235/reed.2021.8245/2021.

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EBV-positive mucocutaneous ulcer: just in immunosuppressed patients?

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We introduce a 42-year-old male without previous medical history that presented hematochezia, tenesmus and weight loss for two months. An ulcerated lesion located in the pectineal line and extended through the entire circumference was identified through colonoscopy. Histologically, there was a lymphoplasmacytic infiltrate and histiocytes with atypical Hodgkin-like lymphoid cells and in the immunohistochemistry tested positive for EBV (1). Random biopsies of the colorectal mucosa were found normal. Thus, the patient was diagnosed with Epstein-Barr virus mucocutaneous ulcer (EBVMCU).

Furthermore, a complete blood test and thoraco-abdominal-pelvic scan with no findings. An assessment with the Haematology department ruled out a lymphoproliferative process or other immunosuppressive factors.

The lesion persisted at 6 month follow-up, with a histopathological diagnosis of carcinoma with high-grade dysplasia and coinfection of human papillomavirus (HPV) and EBV.

EBVMCU is a localised condition in the oropharynx, skin or gastrointestinal tract.¹ Its pathogenesis remains uncertain and it has recently been added to the spectrum of B-cell lymphoproliferative disorders. It has been described in the context of immunosuppression, including immunosenescence, accomplishing spontaneous regression if immunosuppression improves.²



Regarding its clinical evolution, HPV/EBV viral coinfection in anal cancer is rare, being present in 16% of cases according to a recent study.³ EBV infection seems to facilitate HPV latency and has been described as a co-factor in HPV-related carcinomas. In addition, under certain circumstances, HPV might shift EBV from latent to replicative state.^{4,5}

The commented case brings together an atypical presentation of EBVMCU in an immunocompetent patient with viral coinfection of anal cancer.

Further scientific evidence is needed in order to asses EBVMCU endoscopic follow-up and to understand the clinicopathological significance of viral coinfection in anal cancer.

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Figure



Figure 1. Histopathology of Epstein-Barr virus mucocutaneous ulcer. A. Haematoxylineosin 400X. B. Immunohistochemistry for CD20 400X. C. Immunohistochemistry for CD30 400X. D. Immunohistochemistry for EBER 400X.

