

中文題目：一位肝硬化病人發生黴菌菌血症與自發性腹膜炎治療後併發類似抗生素相關性腹瀉之巨大細胞病毒結腸炎

英文題目：Cytomegalovirus Colitis Mimicking Antibiotic-associated Diarrhea in A Cirrhotic Patient after Treatment for Fungemia and Spontaneous Bacterial Peritonitis

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Background: Cytomegalovirus (CMV) colitis may occur in critically ill patients hospitalized in intensive care units (ICUs), particularly in those end-stage renal disease (ESRD) patients. However, antibiotic-associated diarrhea is rarely due to CMV colitis.

Case Report: A 70 y/o man of liver cirrhosis and ESRD on maintenance hemodialysis was just discharged 4 days ago. This time, he had sudden fever and shortness of breath. Upon the ER, physical examination revealed temperature, 38.2°C; pulse rate, 110/min; respiratory rate, 30/min and BP, 84/49 mmHg. Intubation was done for acute respiratory failure. Laboratory data revealed WBC, 6900/ μ L; hemoglobin, 8.5 g/dL; platelet count, 76,000/ μ L; Albumin, 1.9 g/dL; ammonia, 36 μ mol/L; CRP, 113.5 mg/L; procalcitonin, 23.42 ng/mL and lactate, 4.7 mmole/L. Under the impression of septic shock with acute respiratory failure, he was admitted to ICU on 16 March 2014. CXR showed slightly infiltrates on both lung fields. Abdominal echo showed cirrhosis with massive ascites. Ascites WBC was 2,920/ μ L with 99% neutrophil. Antibiotic therapy with piperacillin-tazobactam was given. The blood culture yielded *Torulopsis glabrata*. The ascites culture yielded ESBL-*Klebsiella pneumoniae*, which was intermediate-resistant to piperacillin-tazobactam. The antibiotic treatment was shifted to flomoxef and micafungin. Then severe watery diarrhea occurred with daily stool about 500-750 grams. The PCR assay for stool toxigenic *Clostridium difficile* (toxin B) was negative. The stool culture yielded vancomycin-resistant *Enterococcus faecium*. On March 24, colonoscopic examination showed colon polyp and colitis with ulcers. Colon mucosal biopsy showed focal ulceration with infiltration of mixed acute and chronic inflammatory cells, and CMV immunohistochemical staining was positive. CMV antigenemia showed positive 4 cells/200,000 macrophages and CMV-PCR results for blood and stool samples were positive. Ganciclovir (100 mg qod) was given. Diarrhea has slowly improved. Then he was extubated and transferred to the ward. The follow-up blood and ascites culture revealed no growth. Ganciclovir was given for a total of 18 days. Then he was discharged uneventfully on April 14, 2014.

Conclusion: Our case highlighted that CMV colitis may manifest as severe diarrhea mimicking antibiotic-associated diarrhea. Liver cirrhosis with sepsis may be a risk factor for CMV infection.