

中文題目：巨細胞病毒引發食道潰瘍及回腸炎併嚴重出血於大腸癌患者：一病例報告

英文題目：Cytomegalovirus infection Esophageal and Ileum Ulcer Bleeding With in Colon Cancer Patient: A Case Report

作者：丁靜宜¹，陳奇祥¹，余文良^{1,2}

服務單位：¹奇美醫學中心加護醫學部；²台北醫學大學內科學系

Introduction: Cytomegalovirus (CMV) usually causes an asymptomatic infection or produces mild flulike symptoms; afterward, it remains latent throughout life and may reactivate. In immunocompromised individuals, symptomatic disease usually manifests as a mononucleosis syndrome. Symptomatic CMV disease can affect almost every organ of the body, resulting in fever of unknown origin, pneumonia, hepatitis, encephalitis, myelitis, colitis, uveitis, retinitis, and neuropathy. Rare manifestations of CMV infections in immunocompetent individuals include Guillain-Barré syndrome, meningoencephalitis, pericarditis, myocarditis, thrombocytopenia, and hemolytic anemia. We present a case of colon cancer and received chemotherapy with Tegafur/Uracil. However, massive bloody stool passage was found and endoscopy revealed esophageal ulcer and resected the pathology confirmed CMV infection. ganciclovir therapy was performed and stopped bleeding after surgical intervention. .

Case Report: This 75 y/o male had history of diabetes, gout and hepatitis B carrier. He was diagnosed colon cancer and received laparoscopic radical right hemicolectomy on 104-04-10 and chemotherapy Tegafur/Uracil (UFUR) on 104-05-23 start. He suffered from nausea and vomiting with watery diarrhea since 7/23. The laboratory data showed leukocytosis and abdomen computed tomography (CT) showed segmental small bowel swelling at distal ileum till anastomosis, causing proximal small bowel partial obstruction. Septic shock due to probably pneumonia with respiratory failure. Then, he was admitted in intensive critical unit for treatment. Initially antibiotics with Imipenem, chest X-ray revealed infiltration over bilateral lung and sputum culture showed: yeast like. So we had checked aspergillus antigen and it revealed positive. Voriconazole were also given for further management. However, intermittent bloody stool passage was found. Colonscopy showed diffuse erosion ulcer was found and suggested endoscopy it revealed esophagitis s/p biopsy and gastric ulcer scar was found. However, persistent massive lower gastrointestinal bleeding, suspect terminal ileum bleeding. Consulted general surgery and suggested enterolysis and segmental bowel resection with end ileostomy on 104-8-17. Esophageal pathogen showed CMV infection. We had also checked stool and blood CMV polymerase chain reaction(PCR) they are all positive. Ganciclovir therapy since 8/24 until now. After Ganciclovir infusion the bleeding was subside and we start weaning and try feeding.

Discussion: Most gastrointestinal CMV infections respond well to ganciclovir treatment, Therefore, the patient should be offered an antiviral treatment as soon as possible. Early diagnosis of suspected CMV infection in immunosuppressed patients with gastrointestinal symptoms is of the utmost importance. Repeat endoscopy may be considered if previous study did not meet a concluding gastrointestinal CMV disease should be kept in mind with immunocompromised patient compatible with clinical symptoms.