中文題目：巨大細胞病毒感染引起消化道出血：一病例報告

英文題目：Gastrointestinal Bleeding Caused by Cytomegalovirus Infection: A Case Report

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Background: Cytomegalovirus (CMV) infections of the gastrointestinal tracts most commonly affected the colon, followed by the small bowel and esophagus. The clinical presentation is largely dependent on the digestive site of infection. Odynophagia is almost uniformly present in CMV esophagitis. Hematemesis can occur in CMV esophagitis, gastritis and duodenitis. We report gastrointestinal bleeding caused by CMV infection in a patient.

Case Report: A 48-year-old female underlying of sjogren's syndrome and rheumatoid arthritis. She regularly followed up at GI and AIR OPD. She suffered from bilateral lower limbs edema and back soreness for two weeks. He was brought to emergency department on August 8, 2016. Laboratory data revealed WBC, 10,300 / μL; platelet count, 152,000/ μL; c-reactive protein, 10.4 mg/L; creatinine, 0.79 mg/dL; AST, 200 U/L; ALT, 490 U/L; Bili Total, 9.07 mg/dL; Bili Direct, 6.67 mg/dL. Elevated liver enzyme and bilirubin was found. Abdominal echo showed parenchymal liver disease. She was admitted to ward. Her edema improved but her jaundice progressed and no improvement about her back soreness. So we survey her coagulation and arranged liver biopsy showed chronic hepatitis. Tarry stool was noted. Endoscopy showed duodenal bleeding. Then she was transferred to intensive care unit on August 18. Fluid resuscitation and vasopressor agent were given for hypotension. Blood transfusion with pPRBC and FFP were given to correct coagulopathy and INR prolong. Transcatheter arterial embolization (TAE) showed no angiographic evidence of active bleeding. CXR showed infiltration over bilateral lung fields. Shifted antibiotic treatment with piperacillin-tazobactam was given. Panendoscopy revealed esophageal ulcers s/p biopsy and duodenal huge ulcer with active bleeding s/p hemostasis with thermocoagulation. Emergency intubation was performed for dyspnea. Missive gastrointestinal bleeding with hypovolemic shock was found again. TAE was arranged, but a sudden onset of cardiac arrest was found. Cardiopulmonary resuscitation was started. Aggressive fluid resuscitation was given with blood transfusion. Infusion with vasopressor was given for shock. We explained the poor prognosis and clinical condition to the family members. The EKG monitor revealed standstill. Finally, she expired on 20 August. Esophageal biopsy showed ulceration with CMV infection on 24 August 2016.

Conclusion: Gastrointestinal tracts esophagitis was very rare in normal persons. Positive blood or

stool CMV-PCR result was a useful hint for diagnosis of gastrointestinal CMV disease. Diagnosis of CMV digestive disease relies on gastrointestinal endoscopy with biopsies. Histological mucosal specimens typically show viral inclusions, referred to as owl’ s eyes. The immunohistochemical staining to detect of CMV antigen is a more sensitive method. Most gastrointestinal CMV infections respond well to ganciclovir therapy and the outcome is favorable if treated early.