中文題目: 一位年輕健康男性因感染 EB 病毒造成噬血症候群的病例報告
英文題目: A case report of a healthy young male with hemophagocytosis caused by Epstein-Barr virus infection
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Introduction： Hemophagocytic lymphohistiocytosis (HLH) is a rare and often-fatal hyperinflammatory syndrome caused by impairment in the down-regulation of immune cells. EBV-associated HLH has been reported in patients with chronic active EBV and infectious mononucleosis, among other manifestations of EBV infection. We are reporting a case of a HLH associated with fever, pancytopenia, splenomegaly, high ferritin, and hemophagocytosis in bone marrow that demonstrates the importance of bone marrow biopsy in the diagnosis of this infection.

Case report: This was a case of 17-year-old male without congenital or systemic disease, sustained intermittent fever for 2 days. Dry cough, sore-throat, generalize soreness and post-prandial vomiting were mentioned. The patient was re-visited our emergency department, result of laboratory studies showed poor liver function, jaundice, thrombocytopenia and disseminated intravascular coagulation(DIC) with multiple organ failures were found. The Oncology section was consulted and checking bone marrow study and Ferritin was suggested for excluding hemophagocytosis, thrombocytopenia and viral survey. The blood culture and urine culture all showed no bacterial growth. Antibiotics with Tazocin IV drips were shifted to Pitamycin for total 14 days and then discontinued. The liver function recovered. The Nephrology section was consulted and acute renal failure with regular hemodialysis was performed and suspected infection origin (such as leptospirosis) with acute tubular necrosis. It showed a negative finding for Human Immunodeficiency Virus. His general condition improved after steroid. The renal function improved with urine output of 2,000-3,000 cc daily. His general condition improved. As a result, he was discharged and scheduled for regular follow-up.

Discussion: HLH and related hemophagocytic syndromes are uncommon but severe illnesses associated with a variety of infectious agents. Treatment should be started if the disorder is suspected, even if not all diagnostic criteria are fulfilled. Patients are usually treated by a pediatric hematologist and in a referral center experienced in treating patients with HLH. Treatment depends on the presence of factors such as a family history of HLH, coexisting infections, and demonstrated immune system defects.