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## CMV colitis

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**Introduction:** CMV colitis is an inflammation of the colon. The infection is spread by saliva, urine, respiratory droplets, sexual contact, and blood transfusions. Most people are exposed to the virus in their lifetime, but it usually produces mild or no symptoms in healthy people. However, serious CMV infections can occur in people with weakened immune systems. This includes patients receiving chemotherapy for cancer and patients on immune-suppressing medicines following an organ transplant.

**Microbiology:** Cytomegalovirus (CMV) is a member of the Herpesviridae. It is a double-stranded DNA virus with a protein coat and lipoprotein envelope. Similar to other herpes viruses, CMV is icosahedral and replicates in the host's nucleus. Replication in the host cell typically manifests pathologically with large intra-nuclear inclusion bodies and smaller cytoplasmic inclusions, and is accompanied by the presence of CMV viral particles in the plasma.

**Case Report:** 61 year old Chinese female with background history of known primary hyperthyroidism (Grave disease) and autoimmune hepatitis was hospitalized with altered mental status. She was managed as grade-3 hepatic encephalopathy; she developed massive haematochezia and underwent sigmoidoscopy which showed no active bleeding. She was stabilized in intensive care unit. She once again had PR Bleed and underwent CT angiogram which was normal. She underwent colonoscopy which showed 2 clean based ulcers in transverse and sigmoid colon. CMV DNA was positive and was referred to infectious disease and she was managed as CMV Colonic ulcers and was started on valgancyclovir and she clinically improved.

**Discussion:** The drug of choice for treatment of CMV disease is intravenous ganciclovir, although valganciclovir may be used for non-severe CMV treatment in selected cases. CMV colitis in the immune-competent patient is uncommon, though it has been described as presenting with a syndrome incorporating symptoms of colitis (e.g. abdominal pain, fever, diarrhea, rectal bleeding). The vast majority of CMV colitis cases occur in patients who are immune-deficient, particularly those who have deficiency in cell-mediated immunity. Thus CMV colitis is often seen affecting patients with acquired immune deficiency syndrome, organ transplant recipients, patients taking immunosuppressive medications, those undergoing chemotherapy and/or radiation therapy, and elderly patients, particularly those who suffer from chronic disease.<sup>1</sup> Although the clinical history might help in identifying patients at risk of developing CMV colitis, sometimes the disease may occur without a predisposing clinical background. With respect to colonic involvement, difficulty arises in establishing the clinical diagnosis of CMV colitis when the infection overlaps with idiopathic colitis.

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