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## Introduction

Gastrointestinal Cytomegalovirus (GI CMV) infection is unusual in immunocompetent host and the most involved site is the colon.

The objective of the study was to evaluate clinical presentation, diagnosis and evolution of GI CMV infection in immunocompetent patient.

## Methods

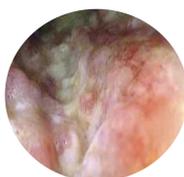
Study: retrospective, observational.

Data was extracted from immunocompetent inpatients' medical charts with GI CMV infection at a university hospital from 01/ 01/ 2006 to 12/ 31/ 2014.

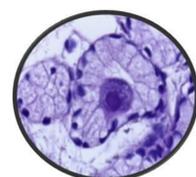
We evaluated age and sex, previous abdominal pathology, symptoms related to GI CMV infection, treatment and mortality at 30 days.

### -Definitions

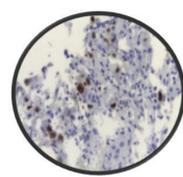
**GI CMV infection:** symptoms from upper or lower gastrointestinal tract and findings of macroscopic mucosal lesions on endoscopy and demonstration of CMV infection (by culture, histopathology testing, immune-histochemical analysis, or in situ hybridization) in a gastrointestinal tract biopsy specimen. (Ljungman P. et al. Clinical Infectious Diseases 2002; 34:1094-1097)



Endoscopy



Hematoxilina-Eosina



Immunohistochemistry

## Results

- ✓ Six patients were included. The mean age was 62 years old (18-90), four were females.
- ✓ Previous abdominal pathology in 4 patients (67%), arterial hypertension 1 and desnutrition 1.
- ✓ Symptoms of GI CMV infection were: hematochezia in 4 patients (67%), abdominal pain in one patient (17%) and one intestinal obstruction (17%).
- ✓ Endoscopic findings: ulcers in 5 patients (83%) and intestinal polyp in one patient. Histological findings were intra-nuclear and/or cytoplasmic inclusions. Immunohistochemistry techniques were performed and confirmed diagnosis in all of them.
- ✓ No patient had other site involved.
- ✓ Four patients were treated with ganciclovir: 2 required intestinal resection due to perforation and both survived. Among the other two patients, one died.
- ✓ Two patients did not receive any treatment at all and survived.
- ✓ Mortality at 30 days was 17% (1/6).

Table 1. Gastrointestinal Cytomegalovirus infection: Features episodes.

Patient	Age (year)	Gender	Background	Onset	Endoscopy findings	Treatment	Evolution
1	80	Female	Arterial hypertension	Intestinal obstruction	Rectosigmoid ulcer	Ganciclovir	Survival
2	84	Female	Diverticulitis	Hematochezia	Rectal ulcer	No	Survival
3	90	Female	Duodenal ulcer	Abdominal pain + Vomitos	Small bowel ulcer	No	Survival
4	73	Male	Partial resection of small bowel Diabetes	Hematochezia	Multiples rectal ulcers	Ganciclovir	Death (3 <sup>rd</sup> day)
5	30	Male	Obesity	Hematoquezia + Intestinal obstruction	Multiples jejunum ulcers	Ganciclovir + surgery	Survival
6	18	Female	Multiple intestinal polyposis Total colectomy Partial resection of small bowel Desnutrition	Diarrhea + Hematochezia	Multiple intestinal polyposis	Ganciclovir + surgery	Survival

## Conclusions

- ✓ Hematochezia was the prevalent symptom in GIs CMV in patients with unknown cause of immunosuppression.
- ✓ Medical treatment could not be assessed due to the small sample size.
- ✓ GI CMV infection should be considered like differential diagnosis in immune-competent adults with intestinal symptoms, especially with previous intestinal pathology.
- ✓ Immunoscencence could be a predisponent factor .