

中文題目：十二指腸巨細胞病毒感染合併反覆嚴重出血於一位重症肌無力患者：
病例報告

英文題目：Cytomegalovirus Duodenal Ulcer with Severe Recurrent bleeding in A
Myasthenia Gravis Patient: Case Report

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Introduction:

Duodenal ulcer due to cytomegalovirus (CMV) is quite infrequent in the immunocompromised patients. The endoscopic mucosal biopsy for diagnosis is important for the specific and effective therapy. We present an elderly patient with myasthenia gravis (MG) on long-term steroid use was admitted to the hospital because of tarry stool. Pathology of the resected duodenal ulcer confirmed CMV infection.

Case Report:

The 65 years old male patient has history of diabetes, chronic obstructive pulmonary disease (COPD), MG with regular control at our neurological outpatient department. He suffered from progressive general weakness with poor appetite for 1 week. Coffee ground emesis and tarry stool were noted. On admission, he was treated for acute kidney injury with hyperkalemia, hypotension, and mild upper gastrointestinal (UGI) bleeding with initial improvement. However, UGI bleeding recurred and COPD with acute exacerbation also happened, rendering high risk for esophagogastroduodenoscopy (EGD). He eventually received invasive mechanical ventilation and EGD for second recurrent UGI bleeding. The bleeding only temporarily stopped, but several episodes of UGI bleeding developed even after twice of hemoclips and transcatheter arterial embolizations, as well as duodenorrhaphy with feeding jejunostomy. So, we checked CMV- polymerase chain reaction (PCR) for sputum, blood and duodenal juice, which results were all positive. Ganciclovir was given for CMV duodenitis. Despite the treatment, the bleeding persisted, and oliguric renal failure and shock developed. He eventually passed away after four days of ganciclovir therapy.

Discussion:

CMV has been recognized as an important pathogen in immunocompromised patients. CMV infection often develops latently, after acute infection, with no evidence of signs or symptoms. 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 with gastrointestinal symptoms is of the utmost importance. It should not be forgotten that delayed diagnosis and treatment might increase the morbidity and mortality from CMV infection with major gastrointestinal bleeding.