

中文題目：一位糖尿病人發生異乳鏈球菌菌血症治療後疑似巨大細胞病毒迴腸炎併發迴結腸動脈一條分支大出血

英文題目：Suspected Cytomegalovirus Ileitis with Massive Bleeding from A Branch of Ileocolic Artery in A Diabetic Patient after Treatment for *Streptococcus dysgalactiae* Bacteremia

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Background: Cytomegalovirus (CMV) colitis may occur in critically ill patients hospitalized in intensive care units (ICUs). However, CMV ileitis -associated massive bleeding is rarely reported.

Case Report: An 84-year-old man of diabetes mellitus was sent to the hospital due to fever and sudden loss of consciousness on **August 14**, 2015. There were no symptoms of cough, chest pain, or abdominal pain in recent days. Tachycardia and shock were noted. Laboratory data included WBC, 9,400/ μ L; platelet count, 7,400/ μ L; CRP, 338.4 mg/L; procalcitonin, > 200 ng/ml; creatinine, 4.07 mg/dL; SGPT, 212 U/L and albumin, 1.8 g/dL. CXR showed bilaterally increased infiltration. Urinalysis and Dengue NS1 Ag showed negative. Hydration (>7,000 ml) and norepinephrine were given. As dyspnea due to severe metabolic acidosis (base excess, -10.4 mmol/L), he was intubated and was admitted to ICU, where continuous venous venous hemofiltration (CVVH) was started. Piperacillin/tazobactam was given. Blood culture yielded *Streptococcus dysgalactiae*. Transesophageal echo did not find any vegetation on the valves. As hemodynamic status was stable, CVVH was shifted to hemodialysis since **August 25**. The CRP dropped to 46.0 mg/L. He was extubated on **August 29** and later was transferred to ordinary ward. However, shock and massive bloody stool occurred on **September 11**. He was transferred to ICU again. The sputum culture yielded *Klebsiella pneumoniae* and imipenem was given. Colonoscopy showed much blood in colon but the bleeder was suspected in the small intestine, which was confirmed by the computed tomography angiography. Emergent angiography with transcatheter arterial embolization stopped the bleeding from a branch of iliocolic artery. Bloody stool improved in following days. However, ileus and abdominal distension developed. The CRP has risen to 205.7 mg/L. The CMV-PCR for stool and blood revealed positive. As prolonged thrombocytopenia for near one month, CMV syndrome with ileitis or ischemic bowel was suspected. Surgical intervention was not feasible as profound shock on high-dose vasopressors. He died on **September 16**.

Conclusion: Our case highlighted that CMV ileitis may cause massive bleeding from a branch of ileocolic artery. Diabetes mellitus with sepsis may be a risk factor and prolonged thrombocytopenia could be a hint for CMV infection. Early antiviral therapy for CMV ileitis may avoid the severe bleeding complication.