

中文題目：成功治療復發巨細胞病毒腸炎：一病例報告

英文題目：Successful Therapy for Recurrent Cytomegalovirus Colitis: A Case Report

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Background: Cytomegalovirus (CMV) infection occurs in 0 to 36% of critically ill patients, mostly between 4 and 12 days after intensive care unit (ICU) admission. CMV infections of the gastrointestinal tracts most commonly affected the colon, followed by the small bowel and esophagus. We report successful therapy for recurrent CMV Colitis in a patient.

Case Report: This 64 y/o female of diabetes mellitus, hypertension and left cerebello-pontine angle tumor status post suboccipital craniectomy for removal of tumor on March 29, 2012. She suffered from shortness of breath for one day. She was brought to emergency department on August 7, 2017. Laboratory data revealed WBC, 28,300 / μ L with 29% bandemia; platelet count, 298,000 / μ L; c-reactive protein, 26.1 mg/L; procalcitonin, 20.53ng/ml; lactate, 3mmole/L; creatinine, 2.55 mg/dL; K, 4.45 mmol/L; glucose (random), 370 mg/dL. Arterial blood gas showed pH, 7.255; PCO₂, 41 mmHg; PO₂, 37 mmHg; HCO₃, 18 mmol/L; Base excess, -87.8 mmol/L; FiO₂, 100 %; and P/F ratio, 37.1 mmHg.

Influenza virus type A revealed negative. CXR showed mild increased lung markings in bilateral lung fields. She was admitted to ICU. The empiric antibiotic agent with iperacillin+tazobactam was given. Sepsis workup was collected. Fluid resuscitation and high dose of inotropics were given since admission. Elevation of cardiac enzyme was found. Cardiovascular department was consulted and suspected takotsubo syndrome. Cardiac catheterization was hold for unstable hemodynamic status. After treatment, her hemodynamics was improved, but difficult weaning was found. Dobutamine was increased for heart contraction. Diuretics were prescribed for congestive heart failure. Lower gastrointestinal (LGI) bleeding was found. Colonoscopy showed colitis. The symptoms persisted after medications. He underwent successful extubation. Recurrent LGI bleeding was noted. Second colonoscopy was repeated and revealed continuous ulcers with pseudopolyps, D-colon and S-colon post status biopsy. CMV polymerase chain reaction (PCR) tests were performed for stool and blood sample, which results were positive. Cytomegalovirus viral load showed 713 IU/mL. Ganciclovir was added. The bleeding was improved and no obvious infection sign was noted. Thus he was discharged and scheduled for ordinary patient department follow-up.

Conclusion: CMV disease is a major cause of morbidity and mortality in immunocompromised patients. Broader use of sensitive CMV detection methods will certainly bring about more chance to early diagnosis of the infection. The immunohistochemical staining to detect of CMV antigen is a more sensitive method. Most gastrointestinal CMV infections respond well to ganciclovir therapy and the outcome is favorable if treated early.tal stay.