



Cytomegalovirus colitis in a patient with HIV infection shortly after initiation of antiretroviral therapy



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ABSTRACT

We present a case of a man infected with human immunodeficiency virus (HIV) and who was diagnosed with Cytomegalovirus (CMV) colitis shortly after initiation of antiretroviral therapy (ART). CMV colitis should be considered in diarrheal patients with HIV infection even after initiation of ART.

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A 37-year-old man who had sex with men presented with a 5-day history of bloody diarrhea, abdominal pain, and fever. Four weeks prior to the current presentation, he had sought medical attention because of weight loss of 15 kg over 3 months and was diagnosed with HIV infection. Ten days earlier, he had started antiretroviral therapy (ART), which included elvitegravir, cobicistat, emtricitabine, and tenofovir alafenamide fumarate, with a CD4 cell count of 60/ μ L. Diffuse abdominal tenderness was noted. An enhanced abdominal computed tomography showed marked colon wall thickening (Fig. 1, arrows). Colonoscopy revealed mucosal edema and ulcerations throughout the colon (Fig. 2). Biopsy specimens from the colon showed mucosal inflammation, intranuclear inclusions (Fig. 3, arrows), and positive immunohistochemical staining for cytomegalovirus. These findings confirmed a diagnosis of CMV colitis. The patient was treated with intravenous ganciclovir and subsequent oral valganciclovir. His symptoms completely resolved, and he remained asymptomatic at follow-up 1.5 years after presentation.

Colitis is the most common extraocular manifestation of CMV disease in HIV-infected patients, accounting for 7.3% of cases [1]. It usually occurs in patients with CD4 cell counts of less than 100/ μ L

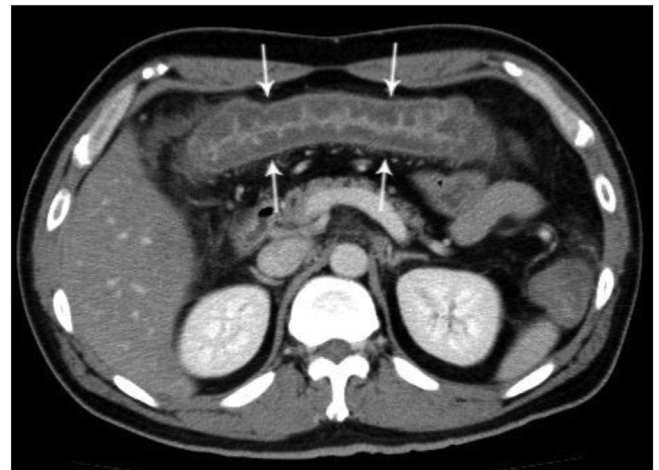


Fig. 1. Computed tomography showing wall thickening of colon.

[2], and presents with diarrhea, abdominal pain, fever, and weight loss [3]. On rare occasions, CMV colitis could develop as immune reconstitution inflammatory syndrome after initiation of ART [4,5]. Because life-threatening complications such as large bowel perforation can occur [4], prompt diagnosis is important. CMV colitis should be considered in diarrheal patients with HIV infection even after initiation of ART.

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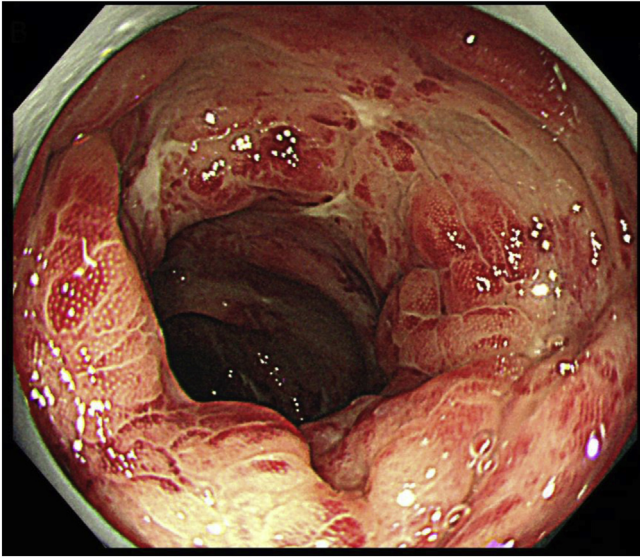


Fig. 2. Colonoscopy revealed mucosal edema and ulcerations.

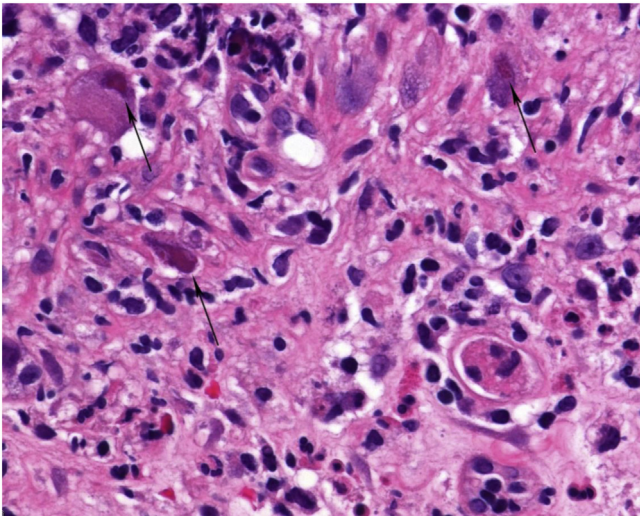


Fig. 3. Histopathological examination of colon showed intranuclear inclusions suggestive of cytomegalovirus infection.

Conflicts of interest

All authors do not have any conflicts of interest.

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Consent

We obtained the patient consent from the patient for publication of this case report and accompanying image.

Author contribution

SY drafted mainly the manuscript. NM and MH helped to draft the manuscript. NM and KM cared for the patient. All authors read and approved the final manuscript.

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