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A rare case of CMV hepatitis with primary colon cancer that suspected as CMV ulcer

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Introduction: Cytomegalovirus(CMV) infection is common viral infection to Koreans, especially people in theirs over 30s. CMV tends to cause latent infection and reactivate after years passed. CMV easily infect lung, liver, central nervous system, and gastrointestinal tract(GI). The feature of GI lesions caused by CMV infection include erosion, hemorrhage and huge edematous ulcer. We report a rare case that CMV hepatitis coexists with colon cancer which mimics CMV infection of the GI tract. **Case report:** An 85-year-old man visited the emergency room with rashes on his legs and abdomen started 5 hours ago. Physical exams and laboratory findings were non-specific. He had no other unusual medication and food history. On hospital day(HD) 2, aspartate aminotransferase(AST)/alanine aminotransaminase(ALT) significantly increased to 508(U/L)/502(U/L). Abdominal CT reading was "Minimal peripheral edema with heterogeneous enhancement is suspected in the liver." We performed routine lab including Polymerase chain reaction (PCR) assay to reveal the cause of hepatitis. On HD6, result of qualitative CMV PCR analysis showed positive result and CMV hepatitis was diagnosed. On HD7, he complained of abdominal pain that rarely occurs in CMV hepatitis. Thus there was necessity of evaluating other lesions. Esophagogastroduodenoscopy showed non-specific findings. Colonoscopic finding was "Huge ulcerative lesion with easy touch bleeding friable mucosa on mid ascending colon biopsy." (Figure 1,2). A huge bleeding ulcer looked like typical CMV ulcer. We suspected that CMV involved liver and colon simultaneously. We performed antiviral therapy and biopsy, but the lesion was proved to be a colon cancer. Patient was referred to a tertiary hospital and had surgery for colon cancer. **Discussion:** CMV infection can occur to immunocompetent person either. Like our reported case there can be mimicking lesion or hidden disease. Therefore after primary diagnosis, make effort to do additional evaluation to find coexisting, hidden disease. In conclusion, although it is rare, we need to cautiously evaluate CMV infection considering other CMV infection lesions or cancer after primary diagnosis.

