

A case of CMV infection mimicking aplastic crisis in immunocompetent elderly patient

영혼의료재단 대전선병원 혈액종양내과¹, 영혼의료재단 대전선병원 내과²

이희상², *정윤화¹

A 89-year-old female visited to ER with fever, chilling and dyspnea. On laboratory finding Wbc was 8.43 K/uL and Hb was 8.4, PLT was 250K. CRP was 12.53 mg/dL (0-0.5). She was admitted to infectious department for suspicious bronchopneumonia. But, multiple lymphadenopathy and splenomegaly were also identified on CT. Furthermore, unexpectedly Hb rapidly declined from 8.4 g/dL to 4.9 g/dL during 1 week of admission. There was no GI bleeding evidence. Therefore she was consulted to hematologic department. By the time, RBC feature changed into macrocytosis (MCV 105.9 fL), hyperchromic (MCH 52.9 pg) pattern. Concomitantly LDH (1154 IU/mL) sharply increased. Direct/indirect coombs test were positive. But indirect bilirubin and haptoglobin was within normal range. Reticulocyte response (0.37%) was inappropriate. Normal range of WBC, PLT, triglyceride and fibrinogen did not conform to HLH criteria. Further tests for hemolysis (including PNH test, hemoglobin EP, G-6-PDH, osmotic fragility test) were all negative. PB morphology did not find any specific morphological abnormality except toxic vacuole of granulocyte. Although some lab findings were suggestive hemolytic anemia, detailed mechanism was uncertain. Because patient condition was rapidly deteriorated we transfused least incompatible RBC with steroid. After transfusion, patient rapidly recovered. But leukopenia and thrombocytopenia followed. Patient and family members refused bone marrow biopsy. Although we were suspicious aplastic crisis when only hemoglobin decreased, Parvovirus 19 was negative. By this time, multiple geographic oral ulcers developed. Sequentially performed CMV PCR (33438 copies /mL) and serologic studies showed positive result (CMV IgM +/IgG +) After 2 weeks, cytopenia slowly recovered spontaneously. The association between aplastic crisis and parvovirus B19 infection is well described in young patients with sickle cell anemia or hereditary spherocytosis because parvovirus 19 has tissue tropism to erythroid progenitor cell. We describe an interesting case of CMV infected patient who showed clinical feature mimicking aplastic crisis with literature review.

