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A rare case of cytomegalovirus enteritis in an immunocompetent patient

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Purpose: Cytomegalovirus (CMV) is predominantly an opportunistic infection in immunocompromised patients. CMV infection, in otherwise immunocompetent individuals, is a rare phenomenon. Amongst CMV's systemic manifestations, colitis is the most common presentation. CMV enteritis in the immunocompetent is rare and has not been reported in association with small bowel ischemia.

Methodology: A 78-year old male presented with diarrhoea and abdominal pain for four days. No immunosuppressive risk factors (HIV, transplant procedures or steroid therapy) were noted. Haematological investigations showed leucocytosis with neutrophilia. Initial CT scan indicated enteritis with thickening of terminal ileum. Diagnostic laparoscopy revealed thickened small bowel which was however viable. Persistent clinical features led to laparotomy, and thickened congested segment of ileum was resected with caecum. Histology showed isolated small bowel ischemia, ulcerative changes with CMV inclusions. Ganciclovir therapy was commenced and the patient had subsequent uneventful recovery.

Results: CMV enteritis was the least suspected cause of this presentation. Literature has reported limited number of cases of CMV colitis and its association with enteritis is even rarer. This is perhaps the first case reported where the virus has caused ischemia of the small bowel without evidence of colonic involvement. Even in the elderly patients, small bowel is resilient to ischemic changes because of good blood supply. Isolated ischemic changes sparing colon are unusual and rare especially due to CMV infection.

Conclusion: Segmental ileal ischemia caused by CMV in immunocompetent individuals is another facet of this disease. It needs to be investigated further for better understanding to aide timely diagnosis.

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