

CYTOMEGALOVIRUS PROCTITIS APPEARING AS A RECTAL MALIGNANCY IN AN ELDERLY MALE WITH CHRONIC LYMPHOCYTIC LEUKEMIA AND RECENT COVID-19 PNEUMONIA.

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Introduction

- Cytomegalovirus (CMV) is a common double stranded DNA virus of the herpesviridae family.
- CMV infection of the GI tract is typically a self limiting or asymptomatic disease in the immunocompetent but results as a more complicated disease in the immunocompromised (IC).
- CMV proctitis is often viewed as an AIDS identifying disease however less recognized with other IC individuals.
- Patients often present with abdominal pain, hematochezia, fatigue and weight loss which can be seen in other GI disease processes.
- Immunocompromised patients who do not have AIDS often undergo workups and treatments for alternative diagnoses including GI malignancy, stercoral ulcers, and hemorrhoids.
- The under recognition of CMV colitis in these patients leads to inappropriate therapies and delayed proper treatment.

Case Description

- An 85-year male with Chronic Lymphocytic Leukemia and recent COVID-19 pneumonia (2 months prior) presented to the emergency room with hematochezia, fatigue, and abdominal pain for one week.
- While in the ER, the patient passed multiple bloody bowel movements.
- He was tachycardic with a heart rate of 101, febrile with temperatures between 100.3 – 100.5, and tachypneic at 38, and was 98% on room air.
- CBC showed HgB of 15.2 and WBC of 12.4. CMP was within normal limits.
- CT abdomen showed large stool with mild circumferential wall thickening of the sigmoid colon and rectum. (*Image 1*)
- Gastroenterology was consulted for colonoscopy and the patient was admitted to the Internal Medicine service.
- Colonoscopy revealed a malignant appearing circumferential rectal mass which was biopsied. No other lesions were noted.
- Discussion of possible rectal vs. anal malignancy and their respective treatments raised additional worries for the patient.
- Patient continued to significantly bleed and was transfused 1 unit of pRBCs during admission.

CMV proctitis is an underrecognized disease in immunocompromised non-AIDS patients who present with abdominal pain, weight loss and hematochezia.

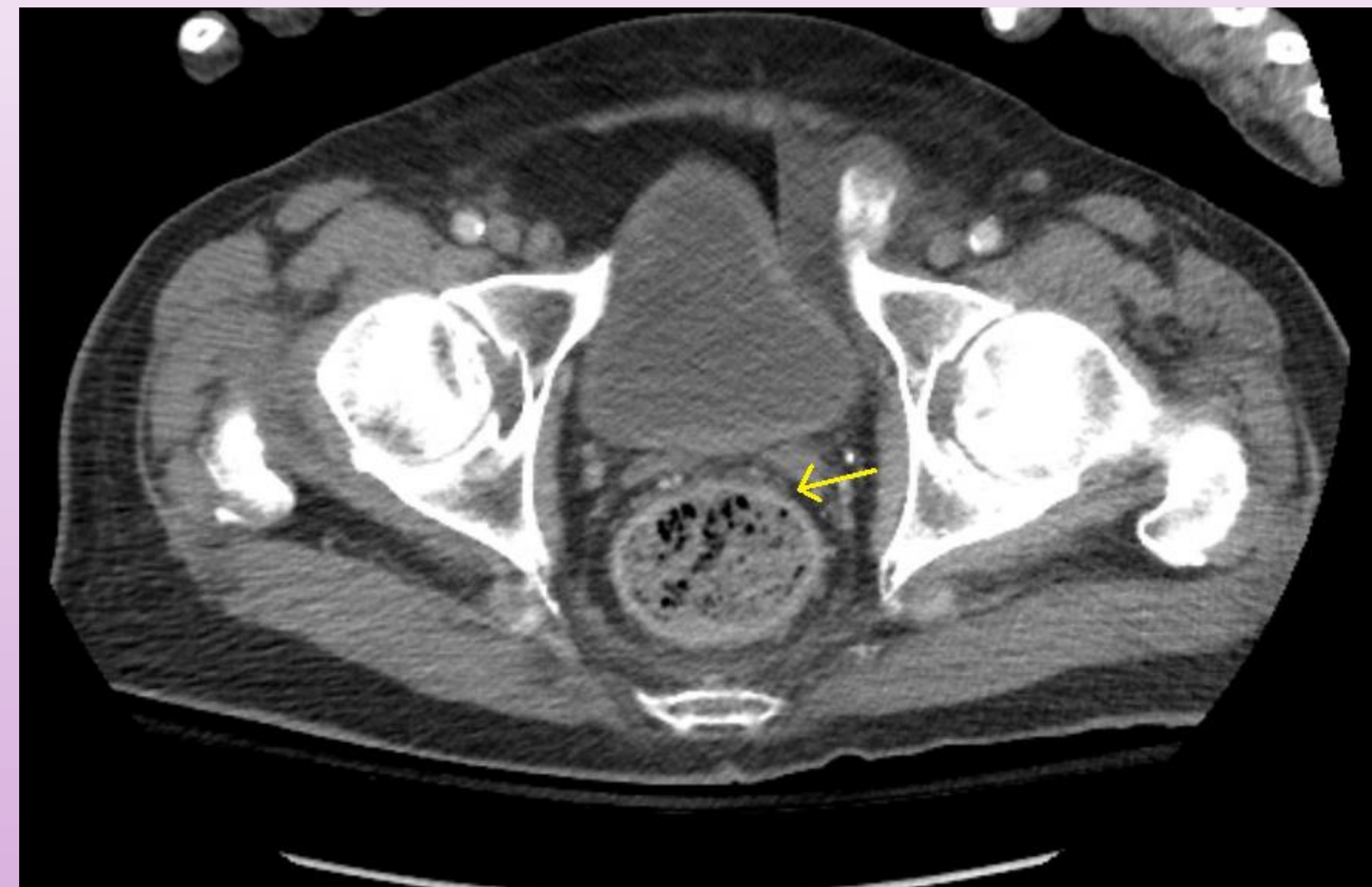


Image 1: CT abdomen/pelvis of patient in the ER.

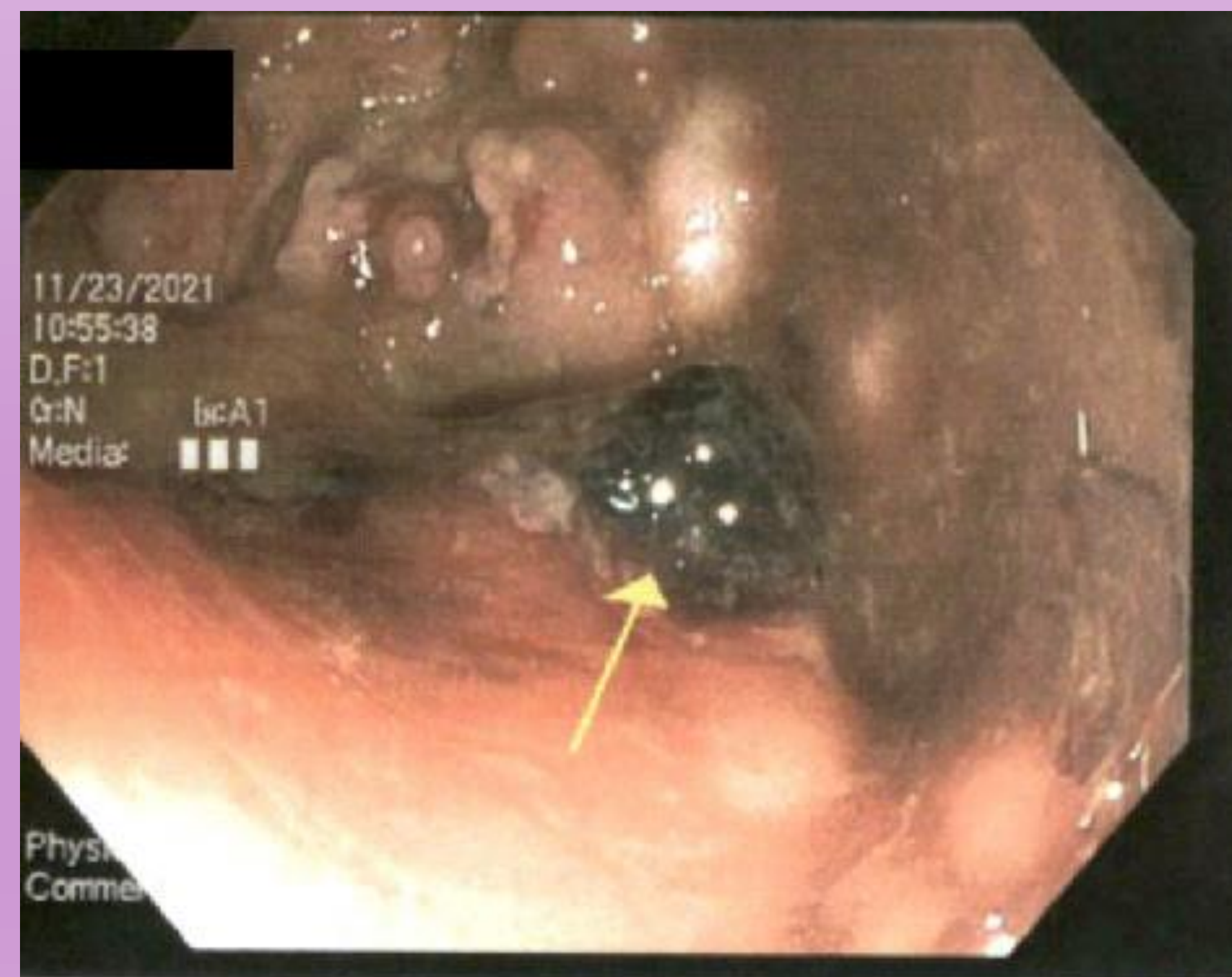


Image 2: Circumferential mass of rectum on flexible sigmoidoscopy.

Results

- Initial biopsies showed ulceration with focal atypical glands suspicious for adenomatous change however no definitive malignancy.
- A flexible sigmoidoscopy with additional biopsies was performed due to concern of sampling miss. (*Image 2*)
- Secondary biopsies again showed atypical glands with no definitive malignancy however pathology noted inflammatory changes seen with viral infections.
- Pathology performed additional immunohistochemical stains were positive for CMV and were these were sent out for confirmatory testing.
- Infectious disease was consulted and CMV DNA PCR was highly positive at 2047.
- The patient was started on Ganciclovir and was discharged to a rehabilitation facility.
- The patient followed up with GI and Infectious Disease and made a complete recovery.

Conclusion

Presenting with abdominal pain, weight loss, and hematochezia, CMV colitis masquerades itself as other diseases such as GI malignancy, stercoral ulcers, and hemorrhoids. Due to the similar symptomatology and appearance on colonoscopy, CMV colitis should be recognized in all immunocompromised patients who have this presentation rather than only those with AIDS. Through proper recognition of symptoms, patients can undergo proper testing including biopsies and CMV titers. Proper diagnosis would better initiate appropriate antiviral therapy and avoid unnecessary testing and patient distress.

References

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