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Ulcerative colitis after Cytomegalovirus Infection

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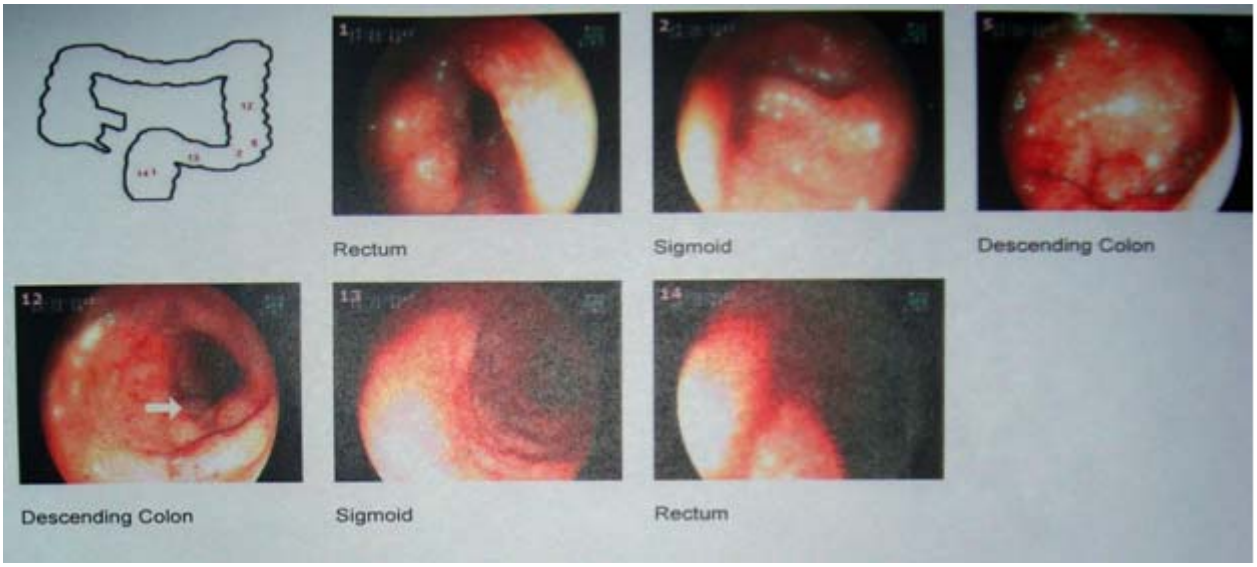

A 21 years old man has been complained of bloody diarrhea, liquid stool containing blood, pus, and fecal matter and crampy abdominal pain from four monthes ago. Ulcerative colitis relies upon the patient's history, clinical symptoms, sigmoidoscopic appearance and histology of colonic biopsy specimens. Treatment of patient started with high dose dexamethasone and prednisolone, asacole, suppository, metronidazole. Patient's condition not improved and patient admitted in hospital. High dose prednisolone, azathioprine, sulfasalazine and folic acid were given. At the same time patient was evaluated for unresponsiveness to treatment of UC. Results of laboratory studies, including a complete blood cell count, basic metabolic panel, and liver enzymes were within normal. Cytomegalovirus 65 pp antigenemia assays with IFA are performed and CMV viraemia is confirmed. The patient was treated with intravenous ganciclovir, which resolved the colitis and the clinical symptoms after two weeks. After 4 weeks treatment cytomegalovirus pp 65 antigenemia became negative. Abnormalities in humoral and cellular adaptive immunity occur in ulcerative colitis. Elevated IgM, IgA, IgG levels are common in inflammatory bowel disease, but there is a disproportionate increase in IgG1 antibodies in ulcerative colitis [1]. Autoimmunity may play a role in ulcerative colitis. This disease is characterized by circulating IgG1 antibodies against a colonic epithelial antigen that is shared with the skin, eye, joints, and biliary epithelium [2]. Hence as illustrated by the case presented,we recommend testing for CMV antigenemia in IBD patients on immunomodulator therapy and corticosteroids who are present with severe and/or refractory intestinal diseas [3].

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