

中文題目：在一免疫健全的病人以院內腹瀉表現的活化型巨細胞直腸炎-病例報告以及回溯  
英文題目：Reactivated cytomegalovirus proctitis in an immunocompetent patient presenting as nosocomial diarrhea: A case report and literature review

作者：李雋元<sup>1</sup>，陳彥旭<sup>1</sup>，盧伯樑<sup>1</sup>

服務單位：高雄醫學大學附設醫院內科部感染科<sup>1</sup>

**Background** : Reactivated cytomegalovirus (CMV) infection has been known to cause significant morbidity and mortality in immunocompromised patients. However, CMV disease rarely develops in immunocompetent patients, and reported cases often present with a mild and self-limited course, without severe life-threatening sequel. While colon is the most commonly affected gastrointestinal site by CMV disease in immunocompetent patients, rectum involvement is rarely reported. CMV proctitis can present in two distinct forms, primary and reactivated. However, CMV reactivation is rarely reported as a causative etiology of nosocomial diarrhea, except in transplant patients. We present here a case of reactivated CMV proctitis in an immunocompetent patient, presenting as nosocomial diarrhea, and previously reported cases of reactivated CMV proctitis in immunocompetent patients are reviewed.

**Case presentation** : A 79-year-old female was admitted because of metabolic encephalopathy caused by dehydration and hypernatremia. The patient's consciousness level returned rapidly after fluid supplementation. However, she subsequently presented with abdominal pain and diarrhea on day 8 of admission. Abdominal contrast-enhanced computed tomography on day 10 of admission demonstrated infiltration around the rectum, suggesting proctitis. Colonoscopy on day 16 of admission showed a giant ulcer at the rectum. Pathology of a rectum biopsy confirmed CMV infection. The patient recovered after 38 days of valganciclovir treatment without any sequel. Follow-up colonoscopy revealed a healed ulcer over the rectum. Ten cases in literature and our case with reactivated CMV proctitis in immunocompetent patients were reviewed. It revealed that most patients were old (mean, 72 years), had a high prevalence of diabetes mellitus (54.5%). Cardinal manifestations are often non-specific (diarrhea, hematochezia, tenesmus), and eight (72.7%) developed CMV proctitis following a preceding acute, life-threatening disease, rather than as an initial presentation on admission. These manifestations, while developing during hospitalization, are often regarded as nosocomial diarrhea.

**Conclusions** : Clinicians should be familiar with the chance of nosocomial onset of reactivated CMV proctitis in patients hospitalized due to a preceding, critically ill disease, although the benefits of antiviral therapy remain unclear.