

中文題目：巨細胞病毒腸炎相關之類固醇無效發炎性大腸疾病

英文題目：Cytomegalovirus colitis associated steroid-refractory ulcerative colitis

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### **Abstract**

Inflammatory bowel diseases, including ulcerative colitis and Crohn's disease, are characterized by recurring episodes of inflammation intestine and colon. Pulse therapy of corticosteroid and biological agent are indicated for acute exacerbation of disease, and long-term immunosuppressive therapy is often required. In such immunosuppressed status, patients are at increased risk of infection such as from tuberculosis, hepatitis B virus, herpes simplex virus and cytomegalovirus.

### **Case Report**

A 75-year-old female has history of ulcerative colitis for half a year. She had been well controlled under prednisolone 5mg per day with mesalazine in recent 6 months. One month ago, bloody stool with cramping bowel movement 6 times per day developed. The colonoscopy confirmed the diagnosis of ulcerative colitis with acute exacerbation. However, her symptoms failed to response after up-titrating the oral steroid and subsequent methylprednisolone pulse therapy. Biopsy of colon mucosa specimen showed inclusion body, featuring cytomegalovirus infection. Her symptoms improved significantly within 1 week after intravenous ganciclovir was started.

### **Conclusion**

Steroid-refractory ulcerative colitis is defined as lack of a meaningful clinical response to 40 to 60 mg prednisolone per day within 30 days or 7 to 10 days of intravenous therapy. According to recent systemic reviews, patients with steroid-refractory ulcerative colitis are at 2 to 4 times higher risks of cytomegalovirus colitis than steroid-responded ones. When corticosteroid therapy failed, colonoscopy should be performed for re-evaluation of disease activity and to exclude other causes, such as viral infection before advancing to second-line treatments.

關鍵字：發炎性大腸炎，類固醇，巨細胞病毒

Key words: Inflammatory bowel disease, ulcerative colitis, steroid-refractory/resistance, cytomegalovirus colitis