

中文題目：巨細胞病毒引起之急性肝炎—病例報告

英文題目：Cytomegalovirus hepatitis—Case report

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**Background:** Cytomegalovirus(CMV) infections are widely distributed with a seroprevalence of up to 100%. The majority of the cases take a silent course or deal with unspecific clinical symptoms. Symptoms of CMV infection vary and depend on factors including the age and immune status of the patient. It usually presents as asymptomatic infection in immuno-competent individuals whereas severe disease is usually seen in immunocompromised patients. Here we present a case of an immunocompetent patient who presented with acute CMV hepatitis.

**Case report :** A 35 years old male presented to our emergency department under the chief complaint of fever up to 39°C for 10 days. Chills, fatigue, sore throat, mild loose stool passage were also complained. There was no conscious change, poor appetite, abdominal pain, nausea, vomiting, dyspnea, cough, sputum, tarry stool, bloody stool. He has ever been to local clinic and heat stroke was told. Some medication was prescribed but his symptoms persisted. The patient denied alcohol drinking, usage of prescribed and over-the-counter medications, non-prescribed complementary or alternative medicines, and dietary or herbal supplements recently. Physical examination at our emergency department did not find fever, abdominal tenderness nor palpable lymph nodes. Lab data showed AST: 396 U/l, ALT: 505U/l, Bil-T: 1.00 U/l, WBC: 6590 /ul, Lymphocyte:63.7%. Monocyte 18.2%. HBsAg, anti-HCV, anti-HAV IgM were non-reactive. ANA and ASMA were also non reactive. Abdominal ultrasonography was arranged, which showed mildly coarse parenchyma and splenomegaly. The patient was admitted under the impression of hepatitis of uncertain etiology.

Fever and leukocytosis (14120/ul) developed on the 2nd day of in-hospital stay, so antibiotic agent Flomoxef was given. The simultaneously performed screening for EBV, HIV and CMV showed an acute infection of CMV. Anti-CMV IgM was positive and CMV viral load was 486 cp/mL. Because the patient was not in immune compromised condition, antiviral treatment was not given. antibiotic therapy was also terminated, too. Aminotransferase and monocytosis gradually improves and declined to within normal limit under supportive treatment. the patient was discharged at day -13 of in-patient stay.

**Discussion :** CMV disease typically presents as mild and self-limiting mononucleosis syndrome without an organ complication. Therefore, in immunocompetent individuals no treatment is needed. CMV diseases are more often complicated in HIV-positive or other immunocompromised patients like those with organ transplantation, bone marrow transplantation, neutropenia due to chemotherapy or radiation therapy. Complications might manifest as retinitis, esophagitis, and enteritis. Other manifestations include peripheral neuropathy, polyradiculoneuritis, pneumonitis, gastritis, colitis, and hepatitis. Hepatitis as a manifestation of CMV infection is a rare but known complication usually not needing antiviral therapy due to its self-limiting course. Antiviral treatment is reserved for severe CMV infections because of its potential side effects including myelosuppression, central nervous system disorders, hepatotoxicity, irreversible infertility (inhibition of spermatogenesis), or teratogenesis .