

中文題目：慢性骨髓性白血病服用 Dasatinib 感染巨細胞病毒腸炎

英文題目：Cytomegalovirus Colitis during Dasatinib Treatment in Patient with Chronic Myeloid Leukemia

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A 54-year-old woman presented with hematochezia, abdominal pain, and watery diarrhea for one week. She had received 9 years of dasatinib (50 mg/day) for the treatment of chronic phase CML. Physical examination revealed no fever and mild abdominal pain without any tenderness. Her laboratory results were as follows: white blood cell count of  $4060/\text{mm}^3$  (lymphocyte, 50%), hemoglobin level of 11.9 g/dL, platelet count of  $228,000/\text{mm}^3$ , C-reactive protein of 2.7mg/dL. Her blood and stool cultures tested negative. With the suspicion of dasatinib-induced hemorrhagic colitis, A colonoscopy was performed and revealed multiple erythema and shallow ulcerations involving the transverse colon (Fig. 1). These findings indicated CMV colitis, dasatinib-induced colitis, or both. Biopsy tissue showed positive CMV-specific immunohistochemical staining. Because she was in stable condition and her laboratory results were within normal limits, dasatinib was maintained. Also, blood CMV real time quantitative polymerase chain reaction (RQ-PCR) tested negative. Her symptoms of hematochezia and diarrhea became better. We decided to observe her without any treatment for CMV. Dasatinib dose was maintained and CMV colitis did not relapse.