Cytomegalovirus Colitis in a Lung Cancer Patient

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A 76-year-old man with advanced lung adenocarcinoma was treated with S-1 and carboplatin as a first-line treatment. After the first cycle of chemotherapy, he suffered from metastatic pelvic bone pain and therefore received palliative radiotherapy. Subsequently, he experienced chronic refractory diarrhea up to ten times a day. Repeated fecal cultures and *Clostridium difficile* toxin tests were both negative. Colon fibrescopy revealed diffuse deep ulcers in the rectum (Picture A, B), which were compatible with findings of cytomegalovirus (CMV) colitis (1). CMV antigen-positive blood leucocytes (antigenemia) were detected. A CMV infection was thus confirmed immunohistochemically by the identification of nuclear and cytoplasmic inclusions using anti-CMV antibody in rectal tissue biopsy specimens (Picture C, D). After he was intravenously treated with ganciclovir for 20 days, his intractable diarrhea substantially improved. It is therefore important to be aware of the possibility that CMV colitis can cause refractory diarrhea, although standard chemotherapy and radiotherapy for solid cancers rarely induces this disease (1, 2).

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References


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