A Common Infection in a Highly Atypical Patient: Hematochezia from Cytomegalovirus Colonic Ulcer in a Young and Healthy Immunocompetent Patient

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Discussion

- Gastrointestinal (GI) cytomegalovirus (CMV) infections are far more common in immunocompromised as opposed to immunocompetent patients.
- Immunocompetent patients who do develop GI tract CMV infections are typically older with medical comorbidities. As such, descriptions of GI CMV infections in younger immunocompetent patients are lacking.
- Here we present a case of a GI CMV infection in a young and healthy immunocompetent patient.

Case Presentation

- A 41-year-old male with presented with painless, intermittent hematochezia.
- Past medical history: hyperlipidemia and hypothyroidism
- Medications: emtricitabine/tenofovir for pre-exposure prophylaxis, levothyroxine, and atorvastatin.
- Social history: insertive and receptive intercourse with one male partner.
- Vital signs and exam: normal
- Colonoscopy: revealed a cecal ulcer surrounded by nodular-appearing mucosa that felt firm and was friable when biopsied (Figure 1). The remaining colon and terminal ileum were normal.
- Colonoscopy pathology: was positive for CMV(Figure 2).

Case Presentation (Cont.)

- Treatment: Valganciclovir 900 milligrams twice daily for 21 days.
- Clinical follow up: subsequent test for CMV deoxyribonucleic acid polymerase chain was negative. Hematochezia resolved. Repeat colonoscopy revealed normal mucosa in the cecum.

- Normal tests: comprehensive metabolic panel and complete blood count.
- Negative tests: human immunodeficiency virus, syphilis, viral hepatitis, chlamydia and gonorrhea.