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CYTOMEGALOVIRUS ESOPHAGITIS

- A Case Report -

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In obviously immunosuppressed patients, extensive gastrointestinal cytomegalovirus involvement is well documented. The most frequent sites of involvement have been the stomach and colon. But the cytomegalovirus infection in the esophagus is rare. We report an case of cytomegalovirus esophagitis after renal transplantation.

A 47-year-old male was admitted due to general weakness, fever, hematemesis occurring at March, 1993. At September 1992, he had received a kidney transplant because of chronic renal failure and had been maintained on sandimmun, imuran, and prednisolone adjusted to maintain therapeutic blood levels. But, at February 1993, acute graft rejection had been occurred. Admission to the hospital was prompted by fever and hematemesis. At physical examination, several oral ulcers were found and bilateral conjunctivae were anemic. The hemoglobin was 8.2 g/dl. The WBC was 1800cells/mm³ with a platelet count of 182000/mm³. Immunoglobulin M anti-CMV antibody was negative. Endoscopy shows several ulcers with hemorrhage at the distal esophagus. Endoscopic biopsy and brush cytology from this were performed.

Microscopically, the esophageal mucosa showed extensive ulceration with marked underlying acute and chronic inflammation. Intranuclear and intracytoplasmic inclusions characteristic of CMV could often be identified at the fibroblasts in the granulation tissue and the endothelial cells. CMV-infected cells showed nuclear and cytoplasmic hybridization in reticular or homogenous patterns. Ultrastructurally, the viral particles were seen in the nuclei and 100 to 200 nm in diameter and consisted of a clear round core surrounded by a double membrane.