

Successful Therapy for Cytomegalovirus Gastritis: A Case Report

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Background/Objective

Cytomegalovirus (CMV) gastritis is very rare in normal persons. Cytomegalovirus infection of the gastro-intestinal tract is frequent and may be serious in the immunocompromised patient. Symptoms of CMV gastritis are usually epigastric pain, fever and bleeding. We reported a patient with CMV gastritis, who significantly responded to ganciclovir therapy.

Method

A 77-year-old female of diabetes mellitus, reflux esophagitis, and gastric ulcers suffered from severe coffee ground vomitus for 2 days on November 5, 2013. Panendoscopy showed reflux esophagitis and gastric ulcers. Stomach biopsy showed necrosis with chronic active gastritis and CMV infection. CMV-PCR result for gastric juice and blood were positive. CMV antigenemia showed positive 2 cells / 200,000 PMN cell. Anti-HIV showed negative. Ganciclovir was given, and gastric bleeding improved.

Result

Follow-up panendoscopy showed gastric ulcer and negative immunostains for CMV post 2-week therapy. But CMV-PCR for gastric juice was still positive on December 18, 2013. Therefore ganciclovir was continued for two weeks until negative result of CMV-PCR for gastric juice on January 10, 2014. Then ganciclovir was replaced by oral valganciclovir for four weeks. After general condition improving, the patient was discharged on February, 12, 2014.

Conclusion

CMV gastritis in immunocompetent patients is quite rare but challenging. As we known, we first found positive CMV-PCR for gastric juice in a patient with CMV gastritis. Gastric juice CMV-PCR may be a useful screening and diagnostic tool. Definite diagnosis is based on endoscopic gastric biopsy, especially with CMV immunostains. We successfully used negative conversion of gastric juice CMV-PCR as a therapeutic guide to shift intravenous ganciclovir to oral valganciclovir subsequent therapy.