A Drug-Induced Polypoid Lesion

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Question

A 79-year-old male patient, with a history of myasthenia gravis, was referred to our department following an episode of fatigue and iron deficiency anemia (hemoglobin concentration 6.7 g/dl, reference range 12.0-16,5 g/dl). Medical therapy included azathioprine and methylprednisolone. An endoscopic work-up with esophagogastroduodenoscopy did not show a clear origin of bleeding. A colonoscopy was therefore performed, which revealed an ulcerating, sessile polypoid lesion protruding from the roof of the ileocecal valve (Figure 1). Biopsies showed heavily inflamed colonic tissue without signs of neoplasia (Figure 2, left), after which immunohistochemical staining was performed (Figure 2, right). What is the underlying cause?

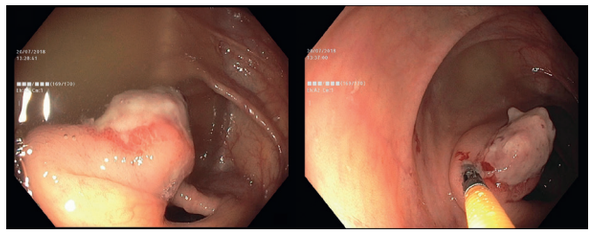

Fig. 1.

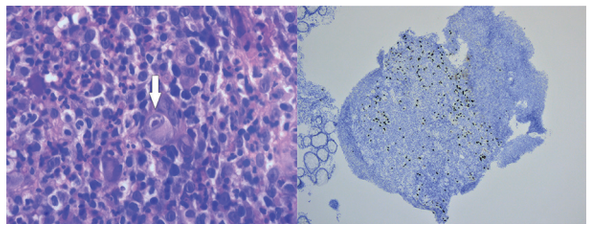

Fig. 2.

Answer

Histological evaluation showed numerous intra-nuclear inclusions with typical owl's eye appearance (Figure 2, arrow). Cytomegalovirus (CMV) infection was subsequently confirmed immunohistochemically (Figure 2, right). Similar lesions are frequently attributed to prolapse of infected ileal mucosa. However, biopsies clearly showed inflamed tissue of colonic origin, making this an unique presentation of a CMV-related polyp. No further signs of inflammation or CMV-infection were seen in the terminal ileum and remaining colon.

A wide spectrum of CMV-manifestations has been documented in the lower gastrointestinal tract, such as ulcerations, perforation, hemorrhagic proctocolitis, toxic megacolon, appendicitis and strictures (1). Predominantly found in immunocompromised patients, only a handful of reports have been published regarding CMV-induced pseudo-tumors or polyps. Induction with ganciclovir remains the treatment of choice, as metabolism of the oral prodrug valganciclovir may be hampered by mucosal involvement of the gastrointestinal tract (2,3). In our case, owing to the lack of clinical manifestations and absence of significant organ dysfunction, only azathioprine and corticosteroids were discontinued. Unexpectedly, the patient suffered a hemorrhagic stroke several weeks later. As the patient remained free of gastrointestinal symptoms, a watchful-waiting approach was taken.

This case illustrates that CMV should be considered as a possible cause of polypoid lesions.

References

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