THE ROLE OF EARLY COLONOSCOPY IN CMV COLITIS TRANSPLANT RECIPIENTS

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CMV associated diseases still remain as a major problem in transplant recipients despite improved prophylactic strategies. CMV disease characteristically occurs during the first six months after transplantation or during the rejection periods because of the increased levels of immunosuppression. CMV infection presents with clinical signs and symptoms, such as fever, leucopenia, or organ involvement including colitis. Early diagnosis is important in the management of this infection. Presentation of early CMV colitis can be mild and nonspecific in transplant recipients. Although, serology is helpful in the diagnosis sometimes it may be inadequate. The endoscopic features of CMV colitis are specific. Colonoscopy also facilitates histopathological examination. The strategy in our institution is to perform early colonoscopy when a transplant patient has the symptoms of a colonic disease. We present here the clinical properties and the beneficial effect of early colonoscopy in transplant recipients who had CMV colitis. The group included seven (6 M / 1 F) patients with prior solid organ transplantation. Their mean age was 36.7 years (range: 22-64 years). The mean duration of transplantation was 12.3 months (range: 1-72 months). Six of the seven patients had an acute graft rejection and treated with high doses of corticosteroids and one patient had HSV infection. All patients were on corticosteroid treatment with the combination of different immunosuppressive agents such as cyclosporine, MMF and tacrolimus. All patients presented with a mild diarrhea without any blood or mucous discharge. Four patients had fever exceeding 38.0 C0; two of seven had abdominal pain. Stool examinations revealed normal findings in six patients while one patient had white blood cells and amoebic cysts. Serum CMV IgM and CMV pp65 antigenemia were negative in five of seven while only two patients had positive results. All patients revealed typical colonoscopic findings compatible with CMV colitis. Histopathological examination of colon biopsies revealed CMV colitis consisting inclusion bodies. Standard ganciclovir treatment was successful in all patients. We conclude that early and rapid colonoscopy is beneficial in the early diagnosis and management of CMV colitis in transplant recipients.