



SHORT REPORT



Disseminated cutaneous herpes simplex infection in a patient with Crohn's disease under azathioprine and steroids: First case report and literature review

João Santos-Antunes^{a,b,1}, Cândida Abreu^{c,1}, Fernando Magro^{a,d,e,*}, Rosa Coelho^a, Filipe Vilas-Boas^a, Patrícia Andrade^a, Susana Lopes^a, Guilherme Macedo^a

^a Gastroenterology Department, Faculty of Medicine, Hospital de São João, Porto, Portugal

^b Department of Biochemistry (U38-FCT), Faculty of Medicine, University of Porto, Portugal

^c Department of Infectious Diseases, Faculty of Medicine, University of Porto, Portugal

^d Department of Pharmacology and Therapeutics, Faculty of Medicine, University of Porto, Portugal

^e Institute for Molecular and Cell Biology, Porto, Portugal

Received 2 October 2013; received in revised form 29 October 2013; accepted 30 October 2013

KEYWORDS:

Crohn's disease
Herpes Simplex Virus
Immunosuppression

Abstract

Immunosuppressive treatments used in the management of Inflammatory Bowel Disease, namely steroids, thiopurines and anti-TNF drugs, raise the risk of acquiring opportunistic infections. However, most of these infections are mild and self-limited, not requiring specific therapy or suspension of the immunosuppressors. We report a case of disseminated cutaneous herpes simplex infection in a patient with Crohn's disease under steroids and azathioprine.

© 2013 European Crohn's and Colitis Organisation. Published by Elsevier B.V. All rights reserved.

1. Introduction

The treatment of Inflammatory Bowel Disease (IBD) is associated with an increasing use of immunomodulators, being steroids, thiopurines and anti-TNF α drugs commonly prescribed. Despite a better control of the disease with these drugs, there is a higher risk of infection and, concerning viral agents, benign infections may become severe or disseminated. We report the case of a young female with double immunosuppression (corticosteroids and

* Corresponding author at: Department of Pharmacology and Therapeutics, Faculty of Medicine, University of Porto. Alameda Prof. Hernani Monteiro, 420-319 Porto, Portugal. Tel.: +351 22 551 3600; fax: +351 22 551 3601.

E-mail address: fm@med.up.pt (F. Magro).

¹ The first and second authors contributed equally in the design, conception, analysis, and paper writing.

azathioprine) due to Crohn's disease, who developed a disseminated Herpes Simplex Virus (HSV) infection, resulting from a reactivation of latent HSV. A review of the literature regarding HSV in patients with IBD is included.

2. Case description

A 21 years old female patient was admitted with abdominal pain and diarrhoea, with 8 bowel movements per day, without rectal bleeding or fever. Blood tests were remarkable for microcytic anaemia (haemoglobin of 10.9 g/dL) and increased inflammatory markers, namely C-Reactive Protein of 87 mg/L and 13.000×10^9 leukocytes per litre. Colonoscopy showed aphthous ulcers in the terminal ileum and in some areas of the transverse colon, with histology showing active chronic colitis. Entero-CT scan showed inflammatory changes in the last ileal loop with an extension of 3 cm. With these elements, a diagnosis of Crohn's disease was made, and the patient started immunosuppression with intravenous steroids and azathioprine. She was discharged asymptomatic one week later under azathioprine (AZA) 50 mg/d and prednisolone 40 mg/d.

After 3 weeks on treatment she was readmitted with diarrhoea (4 bowel movements per day) and fever (max = 38.5 °C). Fever was interpreted in the context of a flare, and she was again treated with intravenous steroids. At day 3 of admission, her clinical status deteriorated and higher fever (max = 40 °C) was elicited with poor response to antipyretics. C-Reactive Protein ascended to 200 mg/L. Antibiotic therapy was begun empirically, with ceftriaxone and metronidazole. An abdomino-pelvic CT scan excluded the presence of intra-abdominal abscess. Hemocultures and urocultures were negative. IgG antibodies against Herpes Simplex Virus 1 (HSV1) and Cytomegalovirus (CMV) were both positive, with negativity for IgM; IgG and IgM antibodies for Epstein-Barr Virus (EBV) and HSV2 were negative.

On the 3rd day, physical examination was remarkable for papular lesions in the extensor face of both legs. During the following days of hospitalization, they spread and evolved, presenting at the 5th day papular, vesicular and pustular



Fig. 2 Vesiculo-papular rash in the arms.

lesions, with different stages of evolution, in the lower and upper limbs (Figs. 1 and 2), trunk, back (Fig. 3), face and scalp, suggesting chickenpox. A swab from the vesicular cutaneous lesions looking for HSV and varicella-zoster virus (VZV) DNA was done at that time. Meanwhile, intravenous acyclovir was prescribed as the patient persisted with high-grade fever being double immunosuppressed (which was stopped at this moment) and under antibiotics. Serology showed again IgG positivity for both VZV and HSV1, consistent with the previous infection with these two viruses. The swab became positive for HSV1-DNA and negative for VZV-DNA. A diagnosis of disseminated cutaneous herpes virus infection in the context of double immunosuppression (corticosteroids and azathioprine) was established. There were no mucosal lesions in the lips, mouth or genitals.

The patient became afebrile after the second day of acyclovir and she was treated for 14 days: the first seven days intravenously, followed by oral therapy.

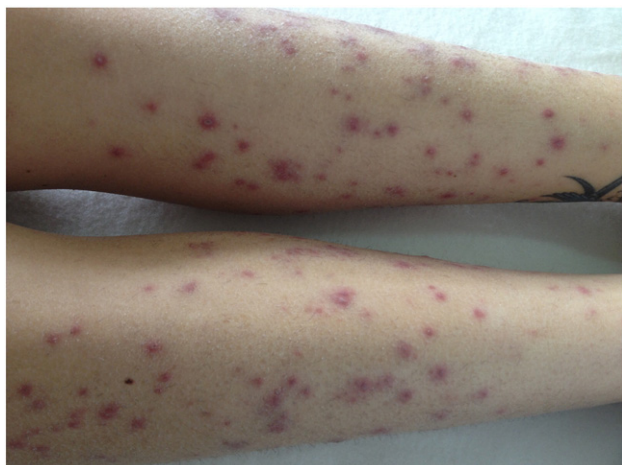


Fig. 1 Vesiculo-papular rash in the legs.



Fig. 3 Close-up image of the back of the patient.

Download English Version:

<https://daneshyari.com/en/article/3312598>

Download Persian Version:

<https://daneshyari.com/article/3312598>

[Daneshyari.com](https://daneshyari.com)