■ Sat-057 ■

Aggressive NKcell leukemia developed from EBV-related gastrointestinal disease in a patient on CAPD

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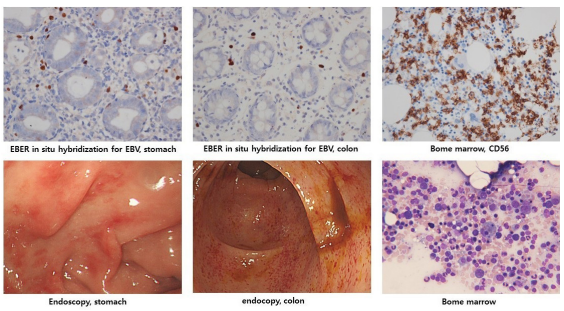
Aggressive natural killer cell leukemia (ANKL) is a rare hematologic malignancy that has aggressive and lethal characteristics with a median survival of less than 2 months and is strongly associated with Epstein–Barr virus (EBV). Hemophagocytic lymphohistiocytosis (HLH) is a type of fatal immunomodulatory disorder caused by excessive systemic inflammation or dysregulated immune reaction, which can be result from leukemia or lymphoma. It is important for early diagnosis and treatment of ANKL because of its rapid progression and poor prognosis. Here, we present a case of Aggressive NK cell leukemia presented with HLH, which was diagnosed by a clue from EBV gastritis and colitis. A 57-year male patient who had been on peritoneal dialysis was admitted to our hospital due to persistent diarrhea, epigastric pain and fever. Despite the 2-week antibiotic treatment for gastrointestinal inflammation observed in the CT and endoscopy, the disease progress of the patient did not improved, rather, the new clinical findings were emerged: thrombocytopenia with coagulation disorder, liver dysfunction and intraperitoneal hemorrhage due to spontaneous rupture of enlarged spleen. Gastric and intestinal pathology obtained by repeat GI endoscopy showed EBV infected tissue. At the same time, EBV DNA copy number was very high in peripheral blood. Based on this results, a bone marrow test was performed under suspicion of a hematologic malignancy, and revealed a number of hemophagocytosis and lymphocyte proliferation with the phenotypes of CD2+, CD7+, CD56+, CD3- NK cell type. He received chemotherapy but died from pneumonia with ARDS on the 49th day after admission. There was no previous case of ANKL with HLH diagnosed from EBV associated gastrointestinal disease in a patient on peritoneal dialysis. It has only been known that the prognosis of EBV infection is poor in immunocompromised patients. This case suggests that an early diagnostic approach to hematologic malignancy may be required if symptomatic EBV- associated disease are diagnosed in immunocompromised patients, especially that did not be resolved.



■ Sat-058 ■

Length of time between azathioprine therapy and complete mucosal healing in active IBD patients

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Background/Aims: Recently, mucosal healing has emerged as an important therapeutic goal for patients with inflammatory bowel disease. It's well known that biologics can induce rapid and sustained mucosal healing. However, there is limited data about azathioprine that could induce endoscopic mucosal healing and also there is no data concerned about how long it takes to get endoscopic mucosal healing. **Methods:** To evaluate the duration between azathioprine therapy and endoscopic mucosal healing, we enrolled consecutive newly diagnosed patients with active inflammatory bowel disease. Patients who underwent surgery or received biologics were excluded. Endoscopic evaluation was conducted at least each six months. Complete mucosal healing was defined no ulceration at any segment for Crohn's disease and Mayo endoscopic score of 0-1 for ulcerative colitis. **Results:** A total of 25 consecutive newly diagnosed active IBD patients were investigated. Only five patients got complete endoscopic mucosal healing without biologics (Table). CD and UC was three and two cases, respectively. The amount of azathioprine was 1. 5 or 2. 0 mg/kg. Time interval range was nine to fifteen months. **Conclusions:** Although only about 20% patients achieved complete mucosal healing without biologics. Azathioprine could induce complete mucosal healing without biologics. But the interval to get mucosal healing is relatively long, about one year. Therefore, if patient felt better and laboratory finding became normal after azathioprine therapy, we could wait for more than one year without additional biologics treatment.

No	Dx	Sex	Age	Amount of AZP	Time to achieve MH
1	CD	M	19	150 mg qd (2.0 mg/kg)	15 months
2	CD	M	38	125 mg qd (2.0 mg/kg)	15 months
3	CD	F	21	100 mg qd (2.0 mg/kg)	14 months
4	UC	F	52	100 mg qd (1.5 mg/kg)	14 months
5	UC	M	74	100 mg qd (2.0 mg/kg)	9 months