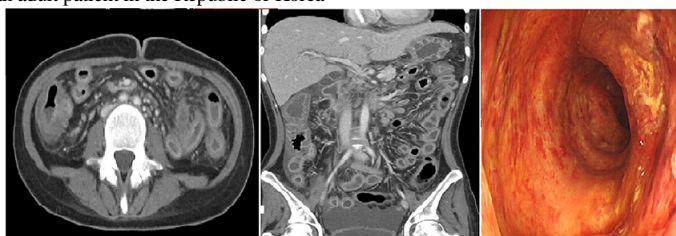


A rare case of BK virus enteritis in an adult patient following allogeneic HSCT

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Background: BK virus is a ubiquitous human polyomavirus that infects approximately 80% of the general population, which remains latent in the epithelium in the urinary tract. Thus, Bk virus can be isolated in the urine of asymptomatic healthy individuals, and it can cause hemorrhagic cystitis in immunosuppressed hematopoietic stem cell transplantation (HSCT) recipients. Here, we report a rare case of BK virus enteritis in a patient who received allogeneic HSCT for acute lymphoblastic leukemia(ALL). **Case:** A 19-year-old female was hospitalized for 3cm painful mass on the scalp. She underwent a biopsy of the mass lesion, and the histopathology examination confirmed the diagnosis of the mixed phenotype of ALL (B-cell/Myeloid,Ph+). After induction chemotherapy and two cycles of consolidation chemotherapy, she received allogeneic HSCT. The post HSCT course was complicated with concurrent development of graft-versus-host disease and CMV colitis at three weeks after HSCT. Thus, she was treated with high-dose pulse steroid and ganciclovir. Her clinical condition improved with this treatment, however, gastrointestinal (GI)symptoms(abdominal pain and hematochezia)began worsening on the 6th week of ganciclovir treatment. Computed tomography (CT) scan was performed, and it showed a progression of enterocolitis. Although there was no CMV viremia at that time, BK virus was detected in both serum (2.53 log copy/ml) and urine (9.02 log copy/ml). Given worsening GI symptoms, she underwent endoscopy. The histopathology examination revealed inflammation and inclusion bodies with positive simian virus(SV)40 immunohistochemical stain and negative CMV stain. Therefore, the diagnosis of BK virus enteritis was made, and ganciclovir was changed to cidofovir. Despite continued anti-viral treatment, she died due to the progression of ALL. **Conclusion:** BK virus enteritis is rare, however, needs to be considered in the setting of BK viremia and histopathology findings with positive SV40 immunohistochemical stain in HSCT recipients. To our knowledge, this is the first report of BK virus enteritis in an adult patient in the Republic of Korea



Severe thrombocytopenia due to co-infection with dengue virus and hepatitis A virus

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Dengue fever is one of the most common viral hemorrhagic fever diseases in the world. Dengue virus (DENV) is the most geographically widespread of the arthropod born virus, and it causes a wide clinical spectrum of disease. Due to increasing global travel, an increase in dengue fever with a wide range of organ involvement among those returning to Korea from endemic areas should be expected. Herein, we report the DENV and hepatitis A virus (HAV) co-infection in Korean woman with severe thrombocytopenia. A 30-year old woman presented with fever, general myalgia, and arthralgia for 4 days was admitted. Acute abdominal pain on the right upper quadrant and nausea started 2 days earlier. The patient became progressively iller, and multiple popular rashes appeared on her face, trunk and both legs when she came to our emergency department. She traveled to Thailand for 5 days, 12 days before visiting the hospital. She had been bitten by mosquitos in Thailand. The platelet counts checked on admission was 17,000/ μ L. The RNA PCR test for DENV from her blood was positive. We suspected she was dengue hemorrhagic fever. However, she did not have any hemorrhagic tendencies such as petechiae, purpura, mucosal bleeding, and hematemesis or melena. Her liver function test was abnormal also. The result of the HAV Ab IgM test was positive. Intravenous fluids and antipyretics were administered. As the general condition of the woman improved and all of the cultures were negative, supportive treatment was continued. She finally became afebrile and her general condition was almost fully recovered. She was discharged on the 4th day after admission and we followed up one week later and her platelet count was 287,000/ μ L. When a patient of dengue virus with severe thrombocytopenia without hemorrhagic tendencies, it may suggest co-infection of another virus.

