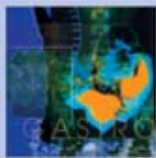


# Case 4

- 46 year old female
- Progressive renal disease for young age -> dialysis
- Family history – ESRD at young age (dad, aunt)
- Unknown ethiology (IgA nephropathy?)



# Case 4

- Cadaveric renal transplantation abroad
- Immunosuppression: Steroids, MMF, Tacrolimus
- On arrival to Israel – Valganciclovir, Resprim

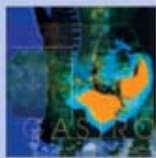


# Case 4

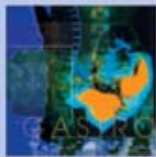
- Leukopenia 3000 (ANC 1500)

Valganciclovir/Resprim stopped

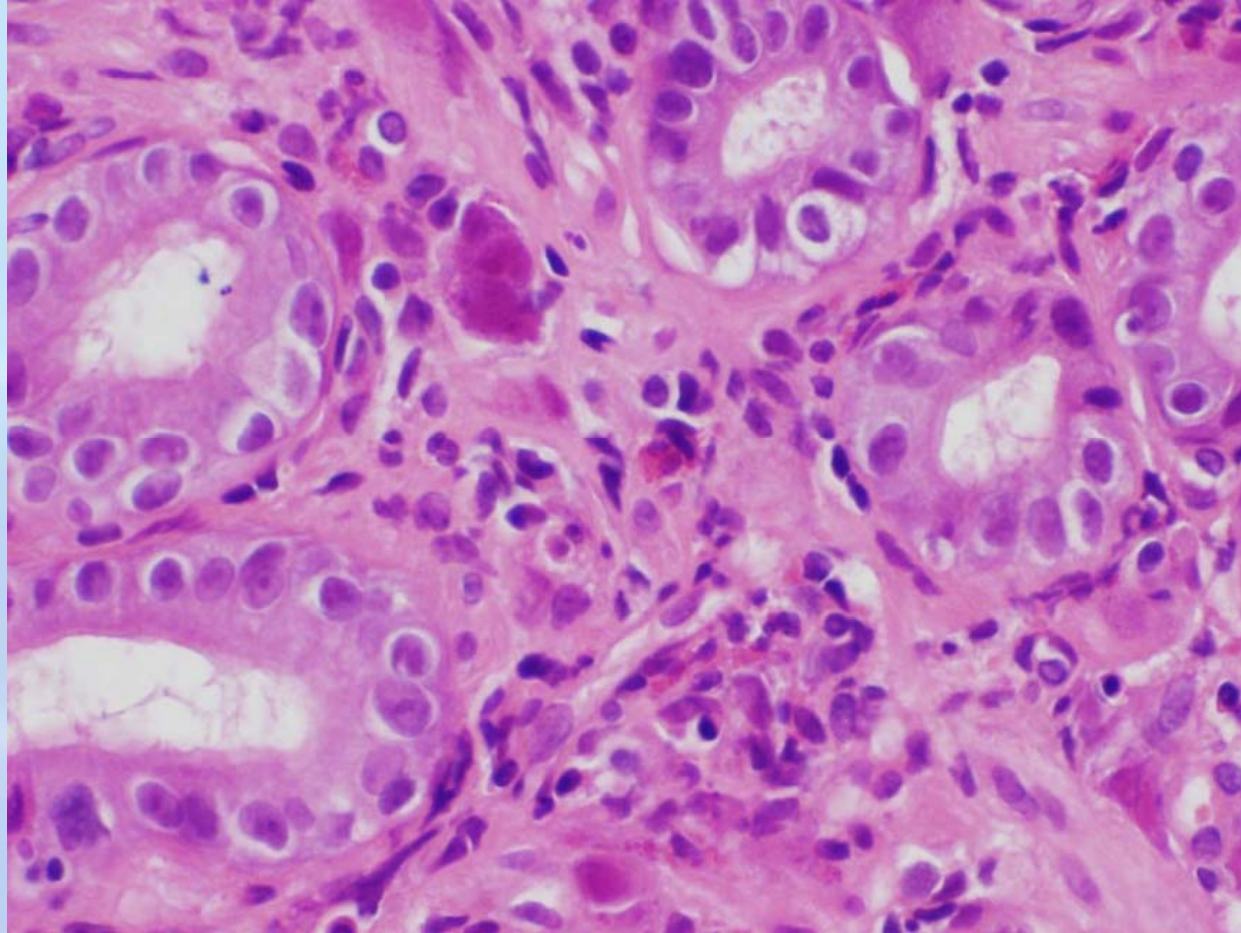
- Normal CBC
- Epigastric pain –Fever 38.5,  
Vomiting, no diarrhea.  
Lab – Hb 11.1, WBC 5.2, PLT 134  
CRP 4.7



# Gastrosocopy

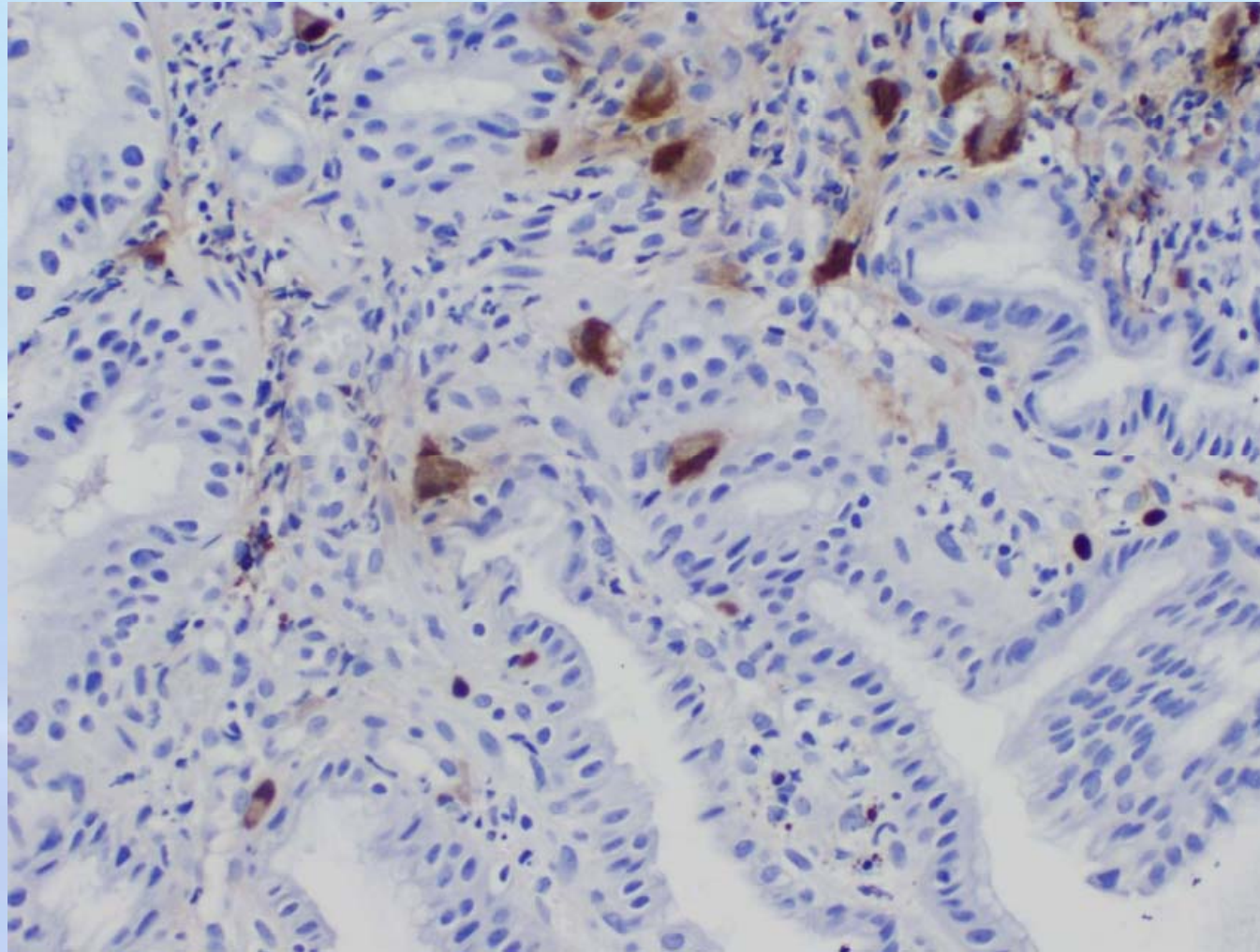


# Histology





# Histology



# Case 4

- CMV PCR 442,110 copies/ml
- Treatment – IV Ganciclovir
- Follow up CMV PCR – Negative



# CMV in solid organ transplant

## CMV infection

- Seroconversion (IgM, X4 IgG)
- Antigenemia (pp65 assay)
- CMV DNAemia (>100 copies)

## CMV disease

- Clinical signs and symptoms
- CMV infection





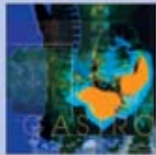
# CMV in solid organ transplant

## CMV disease (1-4 months post transplantation)

- Mononucleosis like (most common)
- Target organ - Liver, Lung, Pancreas, GI , rare- CNS/Eye/Heart
- GI involvement – esophagus, colon. Bleeding due to ulcers. Stomach – antral gastritis, rare – hypertrophic/polypoid.

## Risk factors

- Donor/recipient CMV infection
- Lack of prophylactic treatment
- Anti lymphocyte treatment (AZA, MMF) or OKT3



# CMV in solid organ transplant

## Treatment

- Organ involvement – IV Ganciclovir 5mg/kg BID (2W)  
Oral Valganciclovir 450-900mg/d

## Prevention

- Prophylaxis or pre-emptive therapy

