

IMAGE OF THE MONTH

Passage of Small Intestinal Cast—An Unusual Finding of Cytomegalovirus Enterocolitis



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A 65-year-old man diagnosed with enterocolitis and treated with antibiotics and corticosteroid at his previous hospital was transferred to our hospital due to worsening diarrhea and abdominal pain. The patient had a fever of 38.9 °C and watery diarrhea (10 times over/d). Blood investigations showed hypoalbuminemia 0.9 g/dL and elevated C-reactive protein 8 mg/dL. Abdominal computed tomography revealed diffuse bowel wall thickening (Figure A), and colonoscopy showed a 2 cm irregularly shaped ulcer in the ascending colon. Biopsy taken from the ulcer site was positive for cytomegalovirus (CMV). After 12 days of antiviral treatment, a 20 cm long white cord-like substance was excreted from the anus (Figure B), and capsule endoscopy was performed on suspicion of coexisting lesions in the small intestine. The findings showed an extensive circumferential mucosal ulcer at the ileum (Figure C). Based on these findings, we diagnosed that the object was a small intestinal cast, resulting in necrosis of the intestinal mucosa due to severe CMV infection. The patient was discharged on the 49th day of hospitalization

with no evidence of intestinal stenosis or perforation. This case highlights that a small intestinal cast should be considered a consequence of extensive CMV enteritis.

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The corresponding author, on behalf of all authors, jointly and severally, certifies that their institution has approved the protocol for any investigation involving humans or animals and that all experimentation was conducted in conformity with ethical and humane principles of research.

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