Small bowel haemorrhage due to cytomegalovirus vasculitis

Str,—We read with interest the report by Sackier et al (Gut 1991; 32: 1419–20) where the authors postulate a pathogenic role for cytomegalovirus in small bowel of a patient with immunosuppressive therapy. Cytomegalovirus has been described associated with bleeding and ulceration of the upper and lower gastrointestinal tract in transplant recipients, although there has been no conclusive evidence that the virus is a pathogen in the gastrointestinal tract of these patients.1,2

We have recently completed a prospective study of renal transplant recipients, obtaining endoscopic biopsies of the small bowel of a patient with immunosuppressive therapy. Cytomegalovirus has been described associated with bleeding and ulceration of the upper and lower gastrointestinal tract in transplant recipients, although there has been no conclusive evidence that the virus is a pathogen in the gastrointestinal tract of these patients.1,2

There have been numerous reports of cytomegalovirus causing bleeding and ulceration in the gastrointestinal tract.3,4 A recent report by Teixidor et al described 11 patients with AIDS and cytomegalovirus infection which was found postoperatively in a patient with aortic aneurysm.5 Muscle cell destruction has also been suggested as the basis for perforation.6

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Reply

Str,—It has been suggested by Teenan and Murray that the vasculitis witnessed in our patient may have been caused by the underlying disease process—that is, Wegener’s granulomatosis, and that the presence of cytomegalovirus may have been a casual association, reflecting the broad spectrum of the virus. We have not seen this in immunosuppressed patients. The histological changes in the gut in our patient, however, were not compatible with Wegener’s granulomatosis. There have been numerous reports of cytomegalovirus causing bleeding and ulceration in the gastrointestinal tract.3,4 A recent report by Teixidor et al. described 11 patients with AIDS and cytomegalovirus infection which was found postoperatively in a patient with aortic aneurysm.5 Muscle cell destruction has also been suggested as the basis for perforation.6

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