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Summary

SEVERE HHV-6 ENTERITIS MIMICKING STEROID-REFRACTORY INTESTINAL GRAFT-VERSUS-HOST DISEASE AFTER ALLOGENEIC STEM CELL TRANSPLANTATION

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A 52-year-old man with apparent steroid-refractory acute graft-versus-host disease after allogeneic stem cell transplantation was diagnosed with HHV-6 enteritis by tissue PCR and successfully treated with Ganciclovir.

KEY POINTS

- The patient developed bloody diarrhea, fever, and abdominal pain on day +101 post-transplant while on systemic corticosteroids and Ruxolitinib for presumed steroid-refractory intestinal acute GVHD
- Colonoscopy revealed extensive ulcerations with mucosal denudation in the terminal ileum and cecum; histology showed fibrino-leukocytic debris making GVHD assessment inconclusive
- PCR testing on biopsy tissue detected 363 copies/ml of HHV-6 DNA, confirming HHV-6 enteritis; immunohistochemical stains for CMV, HSV, and HHV8 were negative
- Ruxolitinib was discontinued and Ganciclovir initiated, resulting in rapid apyrexia, reduced diarrhea, and clinical stabilization with resolution confirmed by follow-up intestinal ultrasound at one month
- The case emphasizes the importance of considering HHV-6 reactivation in apparent steroid-refractory acute GVHD and the value of early imaging, endoscopy, and molecular diagnostics on tissue to guide targeted therapy

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