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Summary

THE IMPACT OF CYTOMEGALOVIRUS INFECTION ON DISEASE RELAPSE IN PATIENTS WITH MODERATE-SEVERE ULCERATIVE COLITIS: A RETROSPECTIVE SINGLE CENTRE STUDY

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A retrospective study of 122 ulcerative colitis patients with moderate to severe disease found that CMV infection, detected in 19.7%, was associated with higher rates of diarrhoea, abdominal pain, hospitalization, and systemic steroid use compared to CMV-negative patients.

KEY POINTS

- Among 122 UC patients with moderate to severe disease relapse, 24 patients (19.7%) tested positive for CMV infection by immunohistochemistry and/or tissue PCR.
- CMV-positive patients had significantly higher rates of diarrhoea (95.2% versus 71.6%, p=0.02) and abdominal pain (71.4% versus 42.1%, p=0.015) compared to CMV-negative patients, while fever, bloody diarrhoea, and fecal calprotectin levels were similar between groups.
- Hospitalization was required in 91.7% of CMV-positive patients versus 30.2% of CMV-negative patients, and CMV-positive patients more frequently received systemic steroids and were switched to biological therapy.
- CMV-positive patients were treated with Ganciclovir (14/24, for 3-5 days) followed by Valganciclovir (13/14, for 2-6 weeks), or oral Valganciclovir alone (10 patients).
- The authors conclude that abdominal pain and diarrhoea may serve as potential indicators of CMV infection in UC patients with disease relapse.

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