CHRONIC ACTIVE ENTERITIS CAUSED BY EPSTEIN-BARR VIRUS: A PERILOUS MIMIC OF DE NOVO INFLAMMATORY BOWEL DISEASE AFTER KIDNEY TRANSPLANT

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A kidney transplant recipient with bloody diarrhea initially suspected to have de novo IBD was ultimately diagnosed with chronic active EBV enteritis by in-situ hybridization but died of hemorrhagic shock despite immunosuppression reduction and immunoglobulin therapy.

KEY POINTS

- The 61-year-old kidney transplant patient presented with bloody diarrhea, fever, and weight loss with ulcers in the ileum and right colon on ileocolonoscopy.
- Initial biopsies were unspecific and CMV, C. difficile, tuberculosis, and lymphoproliferative disease were excluded, leading to a working diagnosis of de novo IBD.
- Repeat ileocolonoscopy two months later showed pancolitis and ileitis with oval transversal ulcers; biopsies were positive for EBV by in-situ hybridization with serum viral load of 1397 IU/mL.
- Despite reduced immunosuppression and intravenous immunoglobulin therapy, the patient required subtotal colectomy for hemorrhagic shock and died less than one month later.
- The authors note that chronic active EBV enteritis is rarely reported, easily misdiagnosed as IBD, and management remains challenging and controversial; they suggest Janus kinase inhibitors as a promising treatment strategy.

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