

A FATAL DISEASE PRESENTING WITH DIARRHEA AND GASTROINTESTINAL BLEEDING

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Poster

Hepatobiliary

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A 58-year-old male kidney transplant recipient developed EBV-positive post-transplant lymphoproliferative disorder presenting as severe gastrointestinal bleeding and ultimately leading to death despite treatment.

KEY POINTS

- The patient presented 3 months post-kidney transplant with fever, diarrhea, and rising EBV viral titers from 53,800 to 260,000 copies/ml, with imaging showing lymphadenopathy and splenomegaly.
- Colonoscopy revealed extensive ulcerations throughout the colon and ileum, with the largest ileal ulcer measuring approximately 6 cm x 1-2 cm, and biopsy confirmed EBV-positive diffuse large B-cell lymphoma consistent with monomorphic post-transplant lymphoproliferative disorder.
- Treatment included reduction of immunosuppression by decreasing tacrolimus and discontinuing mycophenolate, along with weekly rituximab and daily prednisone.
- The patient experienced recurrent life-threatening gastrointestinal bleeding requiring multiple transfusions, interventional radiology embolization, and ICU support, with imaging ultimately showing active extravasation and concern for colonic perforation.
- The patient was transitioned to comfort care after goals of care discussions and died the following day.

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