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Epstein Barr Virus Mucocutaneous Colonic Ulcer in an Immunocompetent Patient
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INTRODUCTION

• Epstein Barr Virus (EBV) positive mucocutaneous ulcers (MCU) were first described in 2010 in immunosuppressed patients occurring in the mouth, skin, and GI tract.
• Lesions are described as shallow, sharply circumscribed mucosal or cutaneous ulcers.
• Histology notes polymorphous infiltrates of lymphocytes and immunoblasts with EBER1-positive features.
• Typically EBVMCU are treated conservatively, and resolve with reversal of immunosuppression. Rare cases were treated with Rituximab or with surgical resection.
• All reports have been associated with immunosuppression by either medication or age-related immunosenescence in patients over the age of 60.
• The majority of cases were self-limited and resolved with reversal of immunosuppression. Rare cases reported complete remission.

CASE REPORT

A 47-year-old male with no PMH presented with a 1-month history of bloody diarrhea with a recent development of pharyngitis with flu-like symptoms 1 week prior.
• Physical exam noted pharyngeal erythema, symmetrical bilateral cervical lymphadenopathy, and diffuse abdominal tenderness.
• Admission labs were significant for a normal hemoglobin, leukocytosis with a lymphocytic predominance, and LFT abnormalities.
• CT of his abdomen and pelvis revealed circumferential rectal wall thickening with stranding in the setting of diffuse abdominal lymphadenopathy, splenomegaly, and multiple hepatic lesions.
• As of April 2016, 51 cases of EBVMCU has been described in the literature.
• 5 cases described colonic involvement.
• All reports have been associated with immunosuppression by either medication or age-related immunosenescence in patients over the age of 60.
• The majority of cases were self-limited and resolved with reversal of immunosuppression. Rare cases were treated with Rituximab or with surgical resection.

DISCUSSION

• As of April 2016, 51 cases of EBVMCU has been described in the literature.
• All reports have been associated with immunosuppression by either medication or age-related immunosenescence in patients over the age of 60.
• The majority of cases were self-limited and resolved with reversal of immunosuppression. Rare cases were treated with Rituximab or with surgical resection.
• One case was treated with chemotherapy (R-CHOP) however all cases reported complete remission.
• Described here is a rare case in which a colonic EBVMCU was discovered within a young otherwise healthy male during acute campylobacter colitis with serologic evidence of recent infectious mononucleosis.
• Although in previous literature, EBVMCU were reported to fall within the spectrum of EBV-associated proliferative disorders, the 2016 WHO update of the classification of lymphoid neoplasms have recognized EBVMCU as a separate entity from EBV positive DLBCL due to their observed self-limited growth and response to conservative management.

REFERENCES: