Diagnostic Dilemma: A Case of CMV Enteritis Resulting in Severe Obscure GI Bleeding
David H Kruchko¹, DO; Ami P Patel¹, DO, MBA; Natasha Shah², MD; Scott Siglin², MD
Department of Medicine¹, Division of Gastroenterology²

Introduction:
➢ Small bowel (SB) bleeding accounts for less than 5% of gastrointestinal (GI) bleeds, in non-IBD patients, with an even smaller portion originating from the jejunum.
➢ Locating SB bleeds poses great challenges, frequently resulting in delay in diagnosis.
➢ Although SB arteriovenous malformations (AVMs) are most common, other rare etiologies such as infectious enteritis should be considered.

➢ Delays in diagnosing SB bleeds are not uncommon and can frequently be fatal.
➢ Our case presents a complex diagnostic scenario where bleeding was presumed to be from the known gastric lesion, but the patient’s immunocompromised state and steroids predisposed him to opportunistic infections such as CMV, resulting in bleeding ulcers in the jejunum and ileum.

➢ CMV enteritis is exceedingly rare, but it is reported to cause massive hemorrhage and carry a high mortality risk.

Case:
➢ 62-year-old male was diagnosed with T-cell lymphoma with EBV positivity and placed on high-dose steroids for 1 month.
➢ Staging CT chest, abdomen, and pelvis incidentally revealed intraperitoneal free air with concerns for a gastric wall neoplasm.
➢ EGD revealed a 4cm, deep, non-bleeding, non-perforated ulcer in the gastric body (Image 1).
➢ Two weeks after, he had painless melanotic stools, requiring multiple transfusions.
➢ Emergent arteriography of the celiac and mesenteric arteries did not identify a source of bleeding.
➢ His course continued to worsen, requiring high-dose vasopressors and continued transfusions.

Case Continued:
➢ Emergent repeat EGD revealed a known, non-bleeding gastric ulcer.
➢ Emergent colonoscopy revealed bright red blood to the cecum with scattered, non-bleeding, ischemic-appearing ulcers (Image 2).
➢ Repeat celiac angiogram x2, → active bleeding from small jejunal artery branches which were embolized.
➢ Surgical resection of the distal jejunum and proximal ileum was performed.
➢ Gross pathology demonstrated extensive ulcerations, with biopsies negative for malignancy (Image 3).
➢ Serum testing for Cytomegalovirus (CMV) was positive, started Valganciclovir.

Discussion:
➢ Delays in diagnosing SB bleeds are not uncommon and can frequently be fatal.
➢ Our case presents a complex diagnostic scenario where bleeding was presumed to be from the known gastric lesion, but the patient’s immunocompromised state and steroids predisposed him to opportunistic infections such as CMV, resulting in bleeding ulcers in the jejunum and ileum.

References attached in online abstract.