Cytomegalovirus gastritis after treatment with rituximab

We present a case of gastric ulcer with bleeding following chemotherapy with rituximab for non-Hodgkin's lymphoma (NHL).

A 68-year-old woman presented with hematemesis and melena. One year ago she had been diagnosed as having diffuse large B-cell NHL (stage IE) of the nasal root. She was treated with three courses of R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone) followed by radiation therapy at a dose of 40 Gy, resulting in complete remission of the NHL. However, the patient had a relapse, with evidence of NHL in the thyroid gland and the mediastinal lymph nodes. Two weeks before the patient had hematemesis, she had been administered the first cycle of a second course of R-CHOP. At presentation, her hemoglobin level was 5.2 g/dL, which was lower than 2 days earlier (7.9 mg/dL). An esophagogastroduodenoscopy revealed multiple, irregular-shaped ulcers, with clearly demarcated borders, in the body of the stomach (**> Fig. 1 a**).

One ulcer had vessels visible at the base (**Fig. 1b**), and a hemoclip was placed endoscopically. Histological examination of the biopsy specimens showed nuclear inclusions in the epithelial cells (**Fig. 2a**) with positive immunostaining for cytomegalovirus (CMV) (**>** Fig. 2b). Rituximab is a mouse/human chimeric monoclonal antibody that targets the CD20 antigen found on the surface of malignant and normal cells of B-cell lineage and has been proved to be effective in the treatment of B-cell NHL [1,2]. However, the use of rituximab is associated with the development of certain severe viral infections [3-5]. Cytomegalovirus gastritis should be considered in the differential diagnosis in patients with gastric ulcers who are receiving rituximab treatment.

Endoscopy_UCTN_Code_CCL_1AB_2AD_3AC

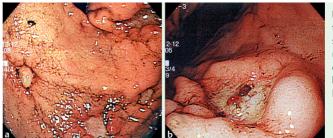


Fig. 1 Esophagogastroduodenoscopy showing: a multiple ulcers with sharply defined borders; and b blood vessels at the base.

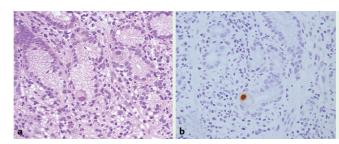


Fig. 2 Histological image showing: **a** epithelial cells containing nuclear inclusions; and **b** positive immunostaining for cytomegalovirus.

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References

- 1 *Feugier P, Van Hoof A, Sebban C et al.* Longterm results of the R-CHOP study in the treatment of elderly patients with diffuse large B-cell lymphoma: a study by the Groupe d'Etude des Lymphomes de l'Adulte. J Clin Oncol 2005; 23: 4117 – 4126
- 2 Persky DO, Unger JM, Spier CM et al. Phase II study of rituximab plus three cycles of CHOP and involved-field radiotherapy for patients with limited-stage aggressive Bcell lymphoma: Southwest Oncology Group study 0014. J Clin Oncol 2008; 26: 2258 – 2263
- 3 Aksoy S, Harputluoglu H, Kilickap S et al. Rituximab-related viral infections in lymphoma patients. Leuk Lymphoma 2007; 48: 1307–1312

- 4 *Lee MY, Chiou TJ, Hsiao LT et al.* Rituximab therapy increased post-transplant cytomegalovirus complications in Non-Hodgkin's lymphoma patients receiving autologous hematopoietic stem cell transplantation. Ann Hematol 2008; 87: 285 – 289
- 5 Vallet S, Tempescul A, Tran A et al. Cytomegalovirus-associated meningoradiculoneuritis after treatment of mantle cell lymphoma with a combination of chemotherapy and rituximab. Ann Hematol 2005; 84: 545 – 547

Bibliography

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