Cytomegalovirus and Herpes Simplex Virus Co-Infection: Recurrence in a Kidney Transplant Recipient

Coinfecção por Citomegalovírus e Vírus Herpes Simples: Recorrência em Doente Transplantado Renal

Maria Beatriz SANTOS¹, Ana Catarina RODRIGUES GONÇALVES², Fernando MALTEZ²

Keywords: Coinfection; Cytomegalovirus Infections; Herpes Simplex; Kidney Transplantation/adverse effects
Palavras-chave: Coinfeccão; Herpes Simples; Infecções por Citomegalovírus; Transplante de Rim/efeitos adversos

A 54-year-old male kidney transplant recipient, and receiving immunosuppressive treatment with tacrolimus, mycophenolate mofetil and prednisolone and a previous history of cytomegalovirus (CMV) disease. He was admitted with painful and hemorrhagic oral lesions (Fig. 1), associated with rapidly deterioration of health status, fever, dysphagia, and odynophagia. A swab of the oral lesions identified Herpes simplex 1 virus by Polymerase Chain Reaction. High blood CMV viral load and oral tissue biopsy confirmed the diagnosis of CMV disease with herpetic co-infection. The patient was started on ganciclovir with significant clinical improvement on day seven (Fig. 2).

CMV disease is a common clinical infection in solid organ transplant recipients¹ despite various prophylaxis strategies.² Ganciclovir is preferred as initial treatment. Renal function and CMV viral load should be monitored at weekly intervals to guide the duration of therapy.³ The authors want to raise awareness to the possibility of recurrence of CMV disease and its co-infection with HSV in immunosuppressed patients.

AUTHOR CONTRIBUTIONS
MBS: Draft of the case description and discussion.
AG, GC: Critical review of the work.

Figure 1 – Initial presentation with painful and hemorrhagic lesions in the tongue, lips and oral mucosa
Figure 2 – Almost complete resolution of the lesions at day seven of treatment with ganciclovir
PROTECTION OF HUMANS AND ANIMALS
The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

DATA CONFIDENTIALITY
The authors declare having followed the protocols in use at their working center regarding patients’ data publication.

PATIENT CONSENT
Obtained.

COMPETING INTERESTS
The authors have declared that no competing interests exist.

FUNDING SOURCES
This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

REFERENCES