

## 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

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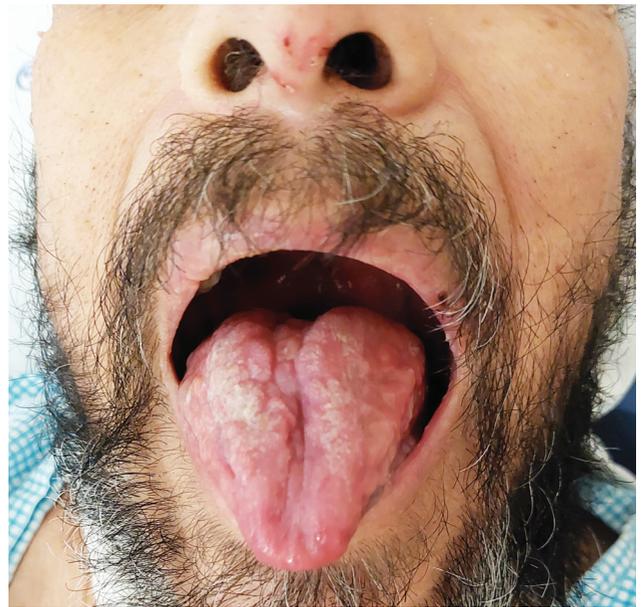
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**Figure 1** – Initial presentation with painful and hemorrhagic lesions in the tongue, lips and oral mucosa

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 recipients<sup>1</sup> despite various prophylaxis strategies.<sup>2</sup> Ganciclovir is preferred as initial treatment. Renal



**Figure 2** – Almost complete resolution of the lesions at day seven of treatment with ganciclovir

function and CMV viral load should be monitored at weekly intervals to guide the duration of therapy.<sup>3</sup> 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.

#### 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.

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### 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.

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