



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

## MUCOCUTANEOUS MANIFESTATIONS OF CYTOMEGALOVIRUS INFECTION IN 2 PATIENTS WITH AUTOIMMUNE DISEASE

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**Background:** Mucocutaneous lesions are rare manifestations of Cytomegalovirus (CMV) infection. We present two cases in patients with autoimmune diseases where chronic inflammation and immunosuppression could lead to reactivation of the virus.

**Observation:** Patient 1: A 21-year-old woman with systemic lupus erythematosus (SLE) on treatment with corticosteroids, chloroquine, azathioprine and cyclophosphamide presenting with ulcers in oral mucosa, lips and pelvic region. She received fluconazole and acyclovir without improvement. Viral load for CMV was positive with 8126 copies/mm<sup>3</sup>, biopsies of lesions were compatible with CMV infection and tissue immunohistochemistry was positive. Laboratory tests showed anemia, lymphopenia, complement consumption and positivity of anti-ds-DNA and direct coombs test. Ganciclovir was started, with improvement and hospital discharge after 2 weeks of treatment.

Patient 2: A 59-year-old female patient with a history of SLE and scleroderma with digital necrosis, on treatment with low molecular weight heparins, corticosteroids, azathioprine, and nifedipine; consulted for oral aphthae on the palate and perianal ulcers. Laboratory tests showed anemia, lymphopenia, and thrombocytopenia; anti-ds-DNA and direct coombs test were negative, digestive tract endoscopy reported erosive esophagitis. Viral load for CMV was positive with 3,007,327 copies/mm<sup>3</sup>. She was started on Ganciclovir, but she developed hemodynamic instability leading to death.

**Key message:** Mucocutaneous lesions caused by CMV infection are rare manifestations with a broad differential diagnosis. Oral ulcers and esophagitis are even more infrequent. These cases allow us to have in mind CMV infection within the diagnostic repertoire of persistent oral and esophageal ulcers in patients with autoimmune diseases. There are no treatment guidelines for patients with autoimmune diseases and CMV. In our cases, immunosuppression, lymphopenia, and disseminated compromise were considered adequate criteria for treatment initiation.

