

Rijedak slučaj kronične aktivne infekcije Epstein-Barr virusom – dijagnostički i terapijski izazovi

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KLJUČNE RIJEČI: Infekcija Epstein-Barr virusom; Transplantacija hematopoetskih matičnih stanica; CHOP protokol

UVOD: Infekcija Epstein-Barr virusom (EBV) je uobičajena u našoj populaciji i većinom ima benigni tijek. U rijetkim slučajevima može se razviti kronična aktivna infekcija koja predstavlja dijagnostički i terapijski problem.

PRIKAZ SLUČAJA: Pacijentica 1999. godište, prezentirala se dispnejom pri naporu, pritiskom u prsištu i febrilitetom, a u statusu hepatosplenomegalijom. Učinjenom opsežnom obradom utvrđeni su povišeni jetreni enzimi, trombocitopenija i povišen udio atipičnih limfocita u krvnoj slici. PCR na EBV je pokazao nemjerljivo visok broj kopija. Zbog zaduhe i bolova u prsima učinjen je ultrazvuk srca kojim se utvrdi plućna hipertenzija. S obzirom na perzistiranje simptoma i laboratorijskih nalaza, učinjena je biopsija jetre, a patohistološki nalaz odgovara EBV hepatitisu bez limfoproliferativne bolesti. Dodatnom obradom isključene su limfoproliferativne i metaboličke bolesti nakupljanja kao i kongenitalne imunodeficijencije. Postavljena je dijagnoza kronične aktivne EBV infekcije T limfocita. Započelo je liječenje 3 STEP protokolom: imunosupresija ciklosporinom i kortikosteroidima nakon čega je uslijedilo liječenje kemoterapijom po CHOP protokolu (ciklofosamid, doksorubicin, vinkristin, prednizon). Uz navedeno došlo je do smanjenja broja kopija EBV uz regresiju simptoma. Liječenje je bilo komplicirano epizodama neutropenijske vrućice. Aktualno, bolesnica je u pripremi za nastavak liječenja transplantacijom alogeničnih krvotvornih matičnih stanica.

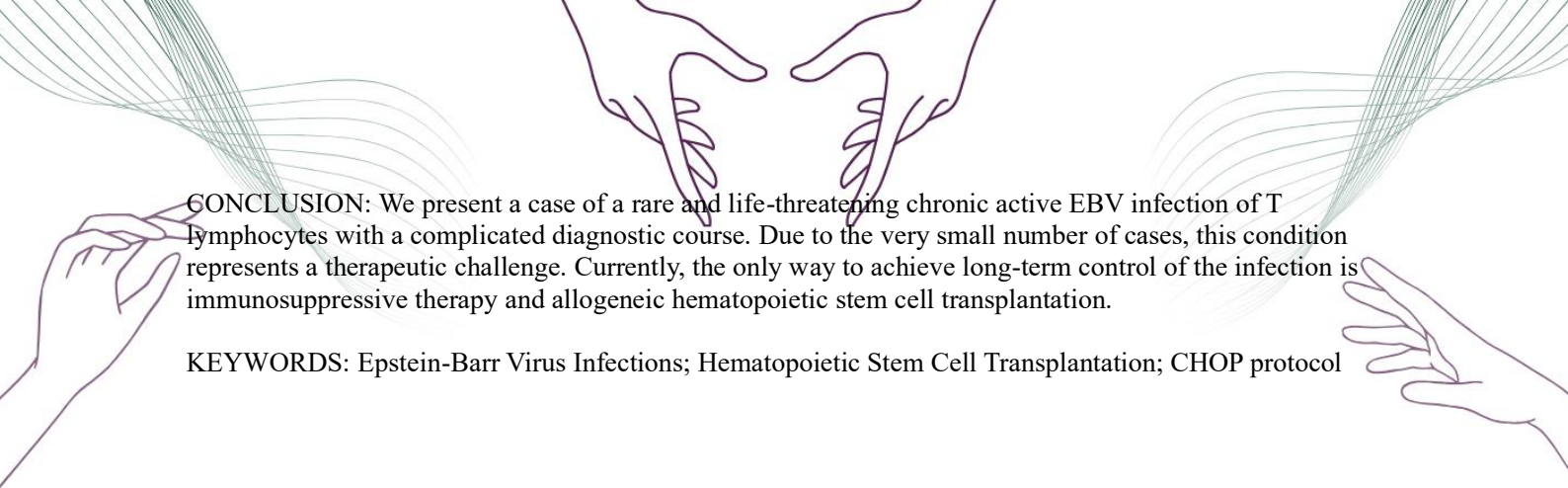
ZAKLJUČAK: Donosimo slučaj rijetke i po život ugrožavajuće kronične aktivne EBV infekcije T limfocita s kompliciranim dijagnostičkim putem. Zbog vrlo malog broja slučajeva, ovo stanje je terapijski izazov. Prema današnjim saznanjima, jedini način dugoročne kontrole infekcije je imunosupresivna terapija te transplantacija alogeničnih krvotvornih matičnih stanica.

A rare case of chronic active Epstein-Barr virus infection - diagnostic and therapeutic challenges

INTRODUCTION: Epstein-Barr virus (EBV) infection is common in our population and mostly has a benign course. In rare cases, a chronic active infection can develop, which represents a diagnostic and therapeutic problem.

CASE REPORT: The patient, a female, born in 1999, presented exertional dyspnea, chest pressure, and fever, as well as hepatosplenomegaly. Extensive evaluation revealed elevated liver enzymes, thrombocytopenia, and an increased proportion of atypical lymphocytes in the blood picture. PCR for EBV showed an immeasurably high number of copies. Due to shortness of breath and chest pain, an echocardiogram was performed, which confirmed pulmonary hypertension. A liver biopsy was performed, and the histopathological findings corresponded to EBV hepatitis without lymphoproliferative disease. Further evaluation ruled out lymphoproliferative and metabolic storage diseases as well as congenital immunodeficiencies. The diagnosis of chronic active EBV infection of T lymphocytes was established. Treatment began with the 3 STEP protocol: immunosuppression with cyclosporine and corticosteroids, followed by chemotherapy according to the CHOP protocol (cyclophosphamide, doxorubicin, vincristine, prednisone). Consequently, the number of EBV copies decreased and symptoms regraded. Treatment was complicated by episodes of neutropenic fever. Currently, the patient is preparing for continued treatment with allogeneic hematopoietic stem cell transplantation.





CONCLUSION: We present a case of a rare and life-threatening chronic active EBV infection of T lymphocytes with a complicated diagnostic course. Due to the very small number of cases, this condition represents a therapeutic challenge. Currently, the only way to achieve long-term control of the infection is immunosuppressive therapy and allogeneic hematopoietic stem cell transplantation.

KEYWORDS: Epstein-Barr Virus Infections; Hematopoietic Stem Cell Transplantation; CHOP protocol

