

EP-219 - COLONIC VARICELLA-ZOSTER PRESENTED AS AN OGILVIE'S SYNDROME

Mafalda Sousa¹; Teresa Freitas¹; Ana Ponte¹; João Silva¹; Catarina Gomes¹; Edgar Afeto¹; João Carvalho¹

1 - Centro Hospitalar de Vila Nova de Gaia e Espinho

Case report:

A 73 years old female patient presented with constipation, abdominal pain and distended abdomen. She had no fever, tachycardia, leucocytosis, electrolyte abnormalities or anemia. An abdominal X-ray was performed that showed a megacolon. Computed tomography revealed marked distension of the sigmoid colon and rectum (panel A) and a nonspecific and non-obstructive vegetated image delimited by a fine hyperdense line in the sigmoid colon. The patient underwent flexible sigmoidoscopy after enema preparation depicting superficial triangular-shaped ulcers with dimensions from 5-20mm (panel B, C). Histopathological analysis showed edema, vascular congestion and lymphoplasmocytic infiltrate of the chorion with fibrin-leukocyte exudate and granulation tissue. The results of PCR testing were positive for varicella-zoster virus (VZV).

Patient started oral acyclovir with clinical improvement and resolution of the lesions on follow-up sigmoidoscopy.

Discussion:

The present case illustrates that acute colonic pseudo-obstruction (Ogilvie's syndrome) can be produced by VZV infection without skin lesions. This disease carries significant rates of morbidity and mortality, and its diagnosis requires a high index of suspicion. The possible pathogenesis remains not fully understood, because of limited cases reported.