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= Abstract =

Herpes Simplex Esophagitis Following Cadaveric Renal Transplantation

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Herpes simplex esophagitis usually occurs in immunocompromised or severely debilitated patients. Odynophagia and dysphagia are major symptoms and the prognosis of immunocompromised patients is variable. We present the case of a cadaveric donor renal transplantation recipient who developed herpes simplex esophagitis shortly after anti-rejection therapy. A 43-years-old female had cadaveric renal transplantation and following treatment with cyclosporine, prednisolone, mycophenolate mofetile. Twelve months later, renal insufficiency and proteinuria were developed. Allograft kidney biopsy showed some evidence of acute rejection. She was treated with 3 successive days of intravenous methylprednisolone (500 mg/d) therapy and continued tapering of steroids. Two weeks later, she had oral cavity ulceration, odynophagia, dysphagia, epigastric pain, and nausea. Esophagoscopy reveals multiple confluent ulceration in the whole part of esophagus and biopsies showed the epithelial cell were enlarged with prominent nuclei. Immunohistochemically, the epithelial cell were positive with a monoclonal antibody to herpes simplex virus type 1. Treatment was started on intravenous acyclovir and changed to oral agent for 10 days. After treatment, her symptoms and repeat endoscopic findings were improved.

Key Words: Renal transplantation, Herpes simplex, Herpetic esophagitis

Pearce 1) Herpes simplex

DNA (in situ hybridiza-
tion) 가 acy-
clovir 가 가

.56

.1 4 ,

acyclovir 1 mm3 (94.3%, 7.3 g/dl, 6,780/ 2.4%, 2.2%)
 . , 2.8 g/dL
 . , BUN 83 mg/dL, creatinine 6.1 mg/dL . CMV-IgG
 , CMV-IgM , CMV-PCR
 43 가 . Herpes-IgG , Herpes-
 5 2 IgM . tzank
 1998 3 . KOH
 1 . Cyclosporine, pred- mount .
 nisolone mycophenolate mofetile .
 . 1 crea-
 tinine 3.0 mg/dl 가 가
 , 3 (Fig. 1). ,
 methylpredisolone 500 mg , (Fig.
 1 2).
 , , , ground glass ,
 . 2 , , (chromatin)
 , (Fig. 3). 1 herpes
 140/70 mmHg,
 36.6°C, 74 /min (Fig. 4).
 . 가 . acyclovir 250 mg/m2 5

Fig. 1. Endoscopic images of esophagus: In the middle esophagus, there are multiple erosion and large well marginated ulcers with raised edges.

Fig. 2. Endoscopic images of esophagus: In the distal third, like a map multiple confluent ulcers with exudate were noted.

Fig. 3. Light microscopic findings of esophageal biopsy reveal cellular changes of herpetic infection: balloon degeneration, ground glass nuclear inclusion body (Hemotoxylin and eosin stain $\times 400$).

Fig. 4. Immunohistochemical stain for monoclonal antibody to herpes simplex virus type 1 shows positive in the nuclei and cytoplasmic membrane ($\times 400$).

8

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가 가 .
Candida albicans 가 ,
 , herpes , cytomegalo- .10)
 virus, varicella zoster, Epstein Barr as-
pergillosis . ,
 Herpes (Herpes vi- , Cowdry type A
 ridae family) DNA 1 2 Her- , ground glass
 pes simplex (*Herpesvirus hominis*) 가 . cytomegalovirus
 . 1 Herpes simplex
 , 가
 , 2 가
 . .7810 1011)
 가 ,
 . DNA (in situ hybridi-
 , 가 , zation),11,12 가
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 .5) tzank 가
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 , 가 1
 가 Herpes
 가가 .
 가
 cytomegalovirus 6 24 , acyclovir
 . .310) Acy-
 clovir Herpes 1
 , 가 , nucleoside
 . thymidine kinase
 acyclovir triphosphate DNA
 DNA .14)
 .7 10) cyto- ,
 megalovirus , cytomegalovirus , 60
 , acyclovir

250 mg/m² 8 (7 10) 200 400 mg 1 5

3.10) Acyclovir thymidine kinase가

foscarnet 60 mg/Kg 8
가 , ,

acyclovir 5 .10)

xylocaine

Herpes

acyclovir 800 mg

, acyclovir

famciclovir 가 .10)

가

가

가

,10,15,16)

가

Herpes simplex

가

가

acyclovir

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