

Severe viral hepatitis in a patient with chronic lymphocytic leukemia (CLL) complicated with autoimmune hemolytic anemia (AIHA), treated with steroids.

Submitted by Alexandra Ducancelle on Fri, 06/19/2015 - 14:16

Titre	Severe viral hepatitis in a patient with chronic lymphocytic leukemia (CLL) complicated with autoimmune hemolytic anemia (AIHA), treated with steroids.
Type de publication	Article de revue
Auteur	Orvain, Corentin [1], Ducancelle, Alexandra [2], Eymerit-Morin, Caroline [3], Rousselet, Marie-Christine [4], Oberti, Frédéric [5], Hunault-Berger, Mathilde [6], Tanguy-Schmidt, Aline [7]
Pays	Pays-Bas
Editeur	Elsevier
Ville	Amsterdam
Type	Article scientifique dans une revue à comité de lecture
Année	2015
Langue	Anglais
Date	Jan 2015
Pagination	66-8
Volume	62
Titre de la revue	Journal of Clinical Virology
ISSN	1873-5967
Résumé en anglais	<p>Infectious complications are a major cause of morbidity and mortality in patients with chronic lymphocytic leukemia (CLL) due to impaired immunity secondary to the disease itself and to the immunosuppressive therapies administered to these patients. We report a 78-year-old woman with CLL who was treated with steroids for autoimmune hemolytic anemia (AIHA). A few weeks later, she was admitted for severe acute hepatitis with disseminated intravascular coagulation (DIC). Despite the symptomatic treatment of DIC, standard reanimation and probabilistic antibiotics, the patient died within 24h with severe hepatic failure. Autopsy was in favor of a disseminated viral infection with esophageal, hepatic and pulmonary cytopathologic lesions with acidophilic intranuclear inclusions suggestive of herpes virus, even though HSV 1 and 2, CMV and HHV6 PCRs were negative. This case of severe viral hepatitis with esophagitis occurring three weeks after the introduction of high-dose steroid treatment for AIHA in a CLL patient calls for anti-herpetic prophylaxis in such patients, immunodepressed by their diseases and the treatment they receive.</p>
URL de la notice	http://okina.univ-angers.fr/publications/ua12666 [8]
DOI	10.1016/j.jcv.2014.11.013 [9]
Autre titre	J. Clin. Virol.
Identifiant (ID) PubMed	25542474 [10]

Liens

- [1] [http://okina.univ-angers.fr/publications?f\[author\]=22203](http://okina.univ-angers.fr/publications?f[author]=22203)
- [2] <http://okina.univ-angers.fr/a.ducancelle/publications>
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- [4] <http://okina.univ-angers.fr/m.rous/publications>
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- [8] <http://okina.univ-angers.fr/publications/ua12666>
- [9] <http://dx.doi.org/10.1016/j.jcv.2014.11.013>
- [10] <http://www.ncbi.nlm.nih.gov/pubmed/25542474?dopt=Abstract>

Publié sur *Okina* (<http://okina.univ-angers.fr>)