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**CARDIOVASCULAR FLASHLIGHT**

**Cytomegalovirus colitis 5 years after heart transplantation**

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A 70-year-old man was admitted to the hospital for weight loss and diffuse abdominal pain 5 years after heart transplantation. Treatment consisted of cyclosporine, mycophenolate, allopurinol, aspirin, and statins. Cytomegalovirus (CMV) serologic constellation was D+R+ (donor and recipient positive). He complained about soft stool, but no diarrhoea or rectoagry. Clinical examination and blood tests were unremarkable. Stool culture and parasite examination was negative. Colonoscopy showed diffuse specific colitis. Biopsies were taken. After 2 days of conservative treatment, he complained of severe abdominal pain with major distension and silent abdomen. X-ray showed typical toxic megacolon (Panel A). Biopsies revealed CMV infection with typical inclusions (Panel B). Treatment of ganciclovir was started and the patient recovered within 2 weeks. Cytomegalovirus colitis should always be evocated in the differential diagnosis of colitis in solid-organ-transplanted patients irrespective of serologic constellation and even at considerable period following transplantation.

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