

Overview

Micro

- ① Herpesvirus family
- ② Latent after 1^o infection
- ③ Disease: reactivation or re-infection (1^o)
↳ majority of imm-comp.

Transmission

* Sexual, blood/tissue, close contact

Risk Factors

- ① Immunocompromised
- ② Exposure to children (daycare)
↳ illness < severe than adults

CMV-Immunocompetent

Clinical Features * usually asymptomatic

CMV Mononucleosis

- * Most common
- * Protracted fever ⊕ fatigue
- * Rash 1/3rd patients
↳ ① blanching, macular, papular, morbilliform
② ⊕ after β-lactam (ampicillin)

Organ-specific Rare w/ Intact Immune

- * GI: CMV colitis, hepatitis, esophagitis
- * Neuro: Encephalitis, GBS, transverse myelitis, CN palsy
- * Lung: Pneumonia
- * Ocular: Retinitis

CMV vs. EBV

Pearl: thinking Mono (EBV), but screen ⊖ then likely CMV

- ① CMV ↓ likely cervical lymphadenopathy or pharyngitis
- ② CMV ↓ likely splenomegaly
- ③ CMV ↓ likely diffuse lymphadenopathy
- ④ CMV-mononucleosis ↑ age > EBV

Labs

- * lymphocytosis, atypical lymphocyte
- * ↓ Hgb, ↓ plt, ↓ haptoglobin
- * sub-clinical hepatitis
- * +ANA, +RF, cold agglutinins

Dx

- ① Compatible syndrome AND
- ② ⊕ Test(s)
↳ complicated
 - * Serology: ⊕ IgM
↑ 4x IgG
 - * PCR
 - * Antigen
 - * Culture
 - * Histopathology (tissue invasive)

Rx

- ① Majority ~~⊗~~
- ② Rarely systemic therapy (ganciclovir)