Key points

• Proper evaluation of history is essential in the syndromic classification of epilepsy at any age for instituting the appropriate treatment.
• Juvenile myoclonic epilepsy can present even in the elderly.
• Carbamazepine and phenytoin may worsen myoclonic seizures.

Conflicts of interest

None declared.

References


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Acute Epstein–Barr virus infection in two elderly individuals

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Abstract

Most individuals acquire Epstein–Barr virus (EBV) infection in young age. Because of uncommon presentation and misdiagnosis, clinical manifestations are less well described in older age. We present two cases of elderly patients with predominant symptoms attributed to cold agglutinin haemolytic anaemia due to acute EBV infection without fever, lymphadenopathy, pharyngitis or splenomegaly. We conclude that misleading clinical manifestations are frequent in older individuals and may lead to inappropriate diagnostic invasive procedures.

Keywords: acute EBV infection, elderly individuals, cold agglutinin haemolytic anaemia, elderly
Introduction

Most people acquire Epstein–Barr virus (EBV) infection during childhood or teenage years. Only 3–10% of adults older than 40 years have never been infected [1]. Evans [2], in 1969, reported that among people with heterophile antibody-positive infectious mononucleosis, only 7.5% were older than 40 years. Older adults often exhibit atypical clinical manifestations, less lymphocytosis and less frequently heterophile antibody-positive test than younger individuals [3]. In this report, we present the case of two elderly patients 76 and 73 years old with acute EBV infection and cold agglutinin haemolytic anaemia.

Presentation of cases

Two female patients aged 76 and 73 years old were admitted 12 months apart with a history of falls and dizziness. On physical examination, lymphadenopathy, pharyngitis, splenomegaly and fever were absent. Autoimmune haemolytic anaemia was diagnosed because of anti-i cold agglutinins in a titre of 1/4000 and 1/128, and the remaining tests were: haemoglobin (Hb) 5.1 and 8.4 g/dl, reticulocyte count 2 and 0.5%; total bilirubin 5.7 and 1.2 mg/dl; direct bilirubin 1.5 and 0.3 mg/dl; lactate dehydrogenase (LDH) 364 and 296 IU/l, for the former and the latter, respectively. Haptoglobulin was less than 30.5 mg/dl, white blood cell counts, liver function tests and protein electrophoresis were normal, and atypical lymphocytes were absent in both patients. The heterophile antibody test was repetitively negative in the first case. Patients over 40 years usually lack overt haemolytic anaemia. Initially, a hypoproliferative bone marrow response due to EBV infection contributed to the anaemia with impaired reticulocyte generation. Subsequently, the reticulocyte count increased, and when the haemolytic mechanism subsided, Hb started to increase gradually. Over this period of time, both patients needed multiple blood transfusions to stabilise Hb concentration.

Anti-i cold agglutinins have been detected in 31.8% of infectious mononucleosis cases [6]. However, clinically apparent presentations with a severe fall in Hb level and jaundice leading to multiple blood transfusions, as in our patients, are uncommon, occurring in less than 2% of patients with EBV infection [7]. There are several case reports in the literature of severe haemolytic anaemia complicating infectious mononucleosis [8–11]. Cold agglutinins were evident in the majority of primary EBV infections in a report of seven patients older than 40 years, but clinically overt haemolytic anaemia was not mentioned [4]. This finding demonstrated a rather severe and atypical clinical course of acute EBV infection in the elderly hosts.

Monocytosis and atypical lymphocytes were absent from both our patients, and heterophile antibody test was negative in the first case. Patients over 40 years usually lack monocytosis and atypical lymphocytosis. In addition, it has been reported that the prevalence of heterophil-negative acute EBV infection increases with age [1, 3, 4].

Atypical clinical presentation and laboratory findings resulted usually in misleading, initial diagnoses in the literature, including ‘leukaemia’, ‘lymphoma’, ‘cholecystitis’, ‘choledocholithiasis’, ‘bronchopneumonia’, ‘endocarditis’, ‘hepatitis’ and ‘Guillain–Barré syndrome’ [1, 3, 4]. In the literature, the patients were often hospitalised for a long period of time and underwent a number of non-invasive and invasive procedures such as CT scans, liver, lymph node and bone marrow aspirations or biopsies. Considerable diagnostic uncertainty was also encountered in both our patients because both had bone marrow aspirations and CT scans performed. Evidence of serological profiles of current, ongoing, acute EBV infection eventually led to the correct diagnosis in both our cases following long hospitalisation.

In conclusion, acute EBV infection does occur in the elderly. However, the clinical manifestations are different from those in young people. Clinical triad of pharyngitis,
lymphadenopathy and fever may be absent. Clinicians should be aware of this misleading clinical picture and prevent such elderly patients from having inappropriate invasive diagnostic procedures.

Key points
• Acute EBV infection is uncommon in elderly individuals.
• Clinical manifestations of acute EBV infection may be atypical in elderly individuals.
• Misleading clinical manifestations in the elderly may lead to inappropriate invasive diagnostic procedures.

References

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Cytomegalovirus colitis—an unusual cause for diarrhoea in an elderly woman

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Abstract

Background: clinically apparent cytomegalovirus (CMV) disease is uncommon in the immunocompetent host, despite the high seroprevalence rate of CMV in the general population.

Case report: here, we report the case of CMV colitis in an immunocompetent elderly woman who developed a large pulmonary embolism during her illness.

Discussion: the diagnosis of CMV colitis is made on histological examination of biopsy specimens obtained at sigmoidoscopy or colonoscopy. Extensive CMV disease can be accompanied by vascular thrombosis.

Keywords: elderly, cytomegalovirus, colitis, thrombosis