

Case report

A 72-year-old male with rheumatoid arthritis on corticosteroids and cyclophosphamide, was admitted with fever, productive cough, worsening breathlessness and tenderness in the epigastrium.

Chest radiograph showed bilateral consolidation. Thin-section CT of the chest revealed cavitating masses in the right upper lobe and lingula on a background of diffuse interstitial fibrosis. Oesophagogastroduodenoscopy revealed multiple antral and pyloric-channel ulcers. Gastric biopsy demonstrated intracytoplasmic viral inclusions in keeping with CMV gastritis. Sputum smears for acid-fast bacilli were negative. Bronchoalveolar lavage fluid stains and culture for bacteria, Mycobacteria, fungus and *Pneumocystis carinii* were negative. Polymerase chain reaction assay of bronchoalveolar lavage fluid was positive for CMV. Transbronchial lung biopsy from the lung lesion demonstrated intracytoplasmic viral inclusions. Disseminated CMV infection was diagnosed. The patient was initiated on Gancyclovir following which he improved clinically and there was radiological resolution.