

# A Clinicopathological Study of Cytomegalovirus Lymphadenitis and Tonsillitis & Their Association with Epstein-Barr Virus

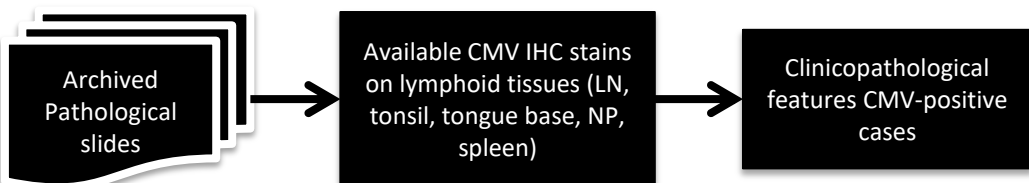
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## Background

Histopathological characteristics of cytomegalovirus lymphadenitis have been well-described, but the clinical features have not.

Histologically confirmed CMV lymphadenitis should be different from CMV primary infections with lymphadenopathy.

## Methods



## Results

	CMV-positive cases	CMV-negative cases
<b>Allo-PBSCT recipients</b>	2–4 years after PBSCT The middle-aged and the elderly	Earlier after PBSCT Children and young adults
<b>Post-Auto-PBSCT</b>	1–2 years after PBSCT Older-aged	Later after PBSCT Younger-aged
<b>Post-chemotherapy</b>	1–4 years after chemotherapy Older-aged	Younger-aged
<b>Immunocompetent</b>	Heterogeneous	

### CMV-positive cases

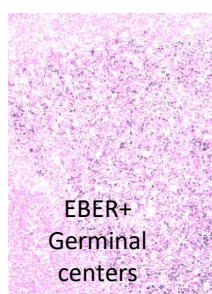
**Clinical presentation:** Neck mass or asymptomatic  
**PET/CT scan:** 100% more uptake than the liver  
 80% Deauville score 4–5  
**mimicking lymphoma relapse**

**EBV coinfection :** 96% patients  
**unique staining pattern of EBER**

Mild or no symptom  
but mimicking relapse



CMV-positive cases accounted for 30%  
of false-positive PET scan in  
lymphoma patients



## Conclusions

1. CMV lymphadenitis typically developed a few years after lymphoma treatment (allogeneic and autologous PBSCT and chemotherapy) in the middle-aged and the elderly.
2. CMV lymphadenitis and tonsillitis were subclinical infections mimicking lymphoma relapse in positron emission tomography scans.
3. CMV lymphadenitis frequently had Epstein-Barr virus coinfection, and EBER-positive cells were predominantly in the germinal centers.

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