

Cytomegalovirus (CMV) Immunohistochemistry

# **Test Description**

Cytomegalovirus (CMV), a member of the Herpesviridae family, is a double-stranded DNA virus that replicates in the host's nucleus and manifests histopathologic ally as large intranuclear and smaller cytoplasmic inclusion bodies. It is estimated that CMV colitis occurs in 2-16% of patients who have received solid organ transplants, 3-5% of patients with HIV infection or acquired immunodeficiency syndrome (AIDS), and 4-16% in patients with inflammatory bowel disease (IBD) Diagnosis of CMV infection/reactivation in biopsied tissues is classically based on histopathological identification of virus- infected cells (viral cytopathic effect) on hematoxylin-eosin (H&E) stained slides, and/or detection of CMV intranuclear inclusions by immunohistochemistry (IHC) studies.

### **Specimen**

**Sample Type**: FFPE block MOLQ B-3400/24 **Site**: Rectum biopsy

Pathology ID: MOLQ/IHC-006/24

### Interpretation

**Positive:** Strong, brown, granular intranuclear inclusion bodies staining.

Negative: Absence of strong staining.

# Methodology

Immunostaining for CMV stain.

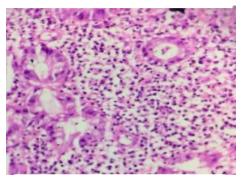
# Note

All immunohistochemistry markers have been evaluated in the context of appropriate positive and negative controls. A result is considered uninterpretable as a result of the type of fixative used (non 10% neutral buffered formalin), time to fixation (> 1 hour), duration of fixation (> 6 hr or < 72 hour), strong decalcification, or inappropriate staining of normal internal or external assay controls. An alternative sample for retesting is then usually recommended. These assays have not been validated on decalcified specimens.

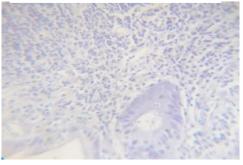
# References

1. Rosai and Ackerman's Surgical Pathology.

HE Stained



### **CMV** staining



Microscopy Evaluation CMV staining: NEGATIVE

**Reviewed By** 

Dr. Gulshan Yadav, MD Head, Pathology

