

CASE REPORT

HIV/AIDS-associated Kaposi's sarcoma of the gastrointestinal tract: A pictorial spectrum

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We briefly report two cases of HIV/AIDS-associated Kaposi's sarcoma affecting the gastrointestinal tract. Both patients were seen at Edenvale General Hospital, Johannesburg, South Africa.

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Case reports

A 71-year-old man presented with a 2-month history of malaise, weakness, dizziness, loss of weight and diarrhoea. He had no significant past medical, surgical or social history. His retroviral disease status was unknown. On examination he was cachexic and pale with no other significant clinical findings. He was subsequently admitted for investigation. Blood results on admission were as follows: haemoglobin 5.5 g/dL and HIV-positive, with an absolute CD4 count of 116 cells/ μ L. There were no significant findings on abdominal ultrasound.

The second case was a 49-year-old woman who presented with diarrhoea, vomiting and weakness of 3 months' duration. In addition she reported a 'rash' that had preceded these symptoms. She was HIV-positive with a CD4 count of 89 cells/ μ L and had been on highly active antiretroviral therapy (HAART) for 1 month. In addition she was being treated for pulmonary tuberculosis, and was in the intensive phase of therapy. On examination she appeared wasted and pale and had violaceous skin lesions, with similar lesions in her mouth. Her haemoglobin concentration was 4.8 g/dL.

As part of the workup for symptomatic anaemia, both patients underwent endoscopy. Oesophagogastroduodenoscopy demonstrated multiple broad-based umbilicated violaceous nodules in the oesophagus, stomach and duodenum. Colonoscopy demonstrated broad-based violaceous nodules throughout the large intestine, some of which were circumferential and partially occluded the lumen of the large intestine. Selected images obtained during endoscopy are presented in Figs 1 (A and B) and 2 (A).



Fig. 1. A and B. Stomach lesions of female patient.

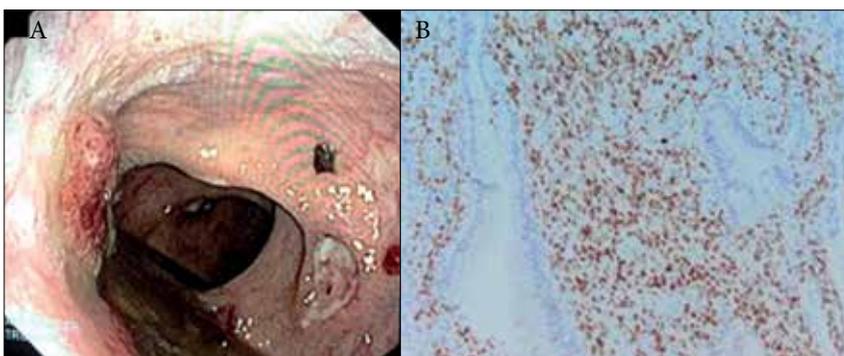


Fig. 2. Male patient. A: Lesions in the colon. B: Strong nuclear staining for human herpesvirus B, 400 \times magnification.

A biopsy of lesions identified during endoscopy confirmed Kaposi's sarcoma (KS) (Fig. 2, B).

The first patient was started on HAART and referred to the medical oncology department at Charlotte Maxeke Johannesburg Academic Hospital for further management. The patient defaulted and was lost to follow-up. The file for the second patient was lost. All attempts to contact both patients were unsuccessful.

Ethical clearance was received from the University of the Witwatersrand Human Research Ethics Committee (Ref. no. M140152).

Conclusion

Given the nonspecific nature of presenting symptoms and signs and the fact that KS is the most common gastrointestinal malignancy in patients with AIDS, a high index of suspicion in at-risk patients may

aid in the early diagnosis and management of this life-threatening disease.^[1] Endoscopy is an effective means of early diagnosis and may allow for earlier initiation of HAART in asymptomatic patients.

1. Weber JN, Carmichael DJ, Boylston A, Munro A, Whitear WP, Pinching AJ. Kaposi's sarcoma of the bowel – presenting as apparent ulcerative colitis. *Gut* 1985;26(3):295-300.

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