An Incidental Diagnosis of AIDS-related Disseminated Kaposi's Sarcoma

Kathryn Kass MD
Lehigh Valley Health Network, Kathryn.Kass@lvhn.org

Amy Slenker MD
Lehigh Valley Health Network, amy_k.slenker@lvhn.org

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An Incidental Diagnosis of AIDS-related Disseminated Kaposi's Sarcoma

Kathryn S. Kass, MD[1] and Amy K. Slenker, MD[2]

[1]Department of Internal Medicine and [2]Department of Infectious Disease, Lehigh Valley Health Network, Allentopwn, PA

INTRODUCTION

The following case brings attention to an important disease process that is infrequently seen today with increased access to antiretroviral therapy (ART), yet it remains a critical diagnosis to consider for a wide variety of clinical presentations.

CASE DESCRIPTION

A 53 year-old male with a history of uncontrolled HIV presented to the Emergency Department (ED) due to knee pain after being a pedestrian struck by a motorbike while on his way to the airport in Kenya. Immediately after arriving in the US, he came to the ED for a knee laceration which required no intervention. On questioning, he admitted to noncompliance with antiretroviral therapy (ART) for over a year. He denied fevers, chills, weight loss, cough, chest pain, shortness of breath, nausea, vomiting or abdominal pain. He endorsed bloody diarrhea for three weeks and a painful rash on his foot which had been progressing for several months. He was given various antibiotics for his foot rash in Kenya without improvement. Pertinent findings on exam included the following: vitals were stable, he was cachectic with decreased breath sounds, normal heart sounds, and a soft and nontender abdomen.. He had bilateral inguinal adenopathy. Skin exam revealed several nonblanching, hyperpigmented, firm and rubbery nodules. One well-circumscribed lesion was present on his right upper arm, four lesions were present on right medial thigh, and the right plantar foot contained several diffuse well-circumscribed macules and one large well-circumscribed plaque. Only the plantar lesions were tender. Comprehensive stool panel was positive for E. Coli O157 and Shigella species. CT chest revealed diffuse bilateral patchy areas of consolidation and nodular opacities with a basilar predominance as well as mildly enlarged mediastinal and upper abdominal lymph nodes (Figure 1). The arm lesion was biopsied and revealed Kaposi's Sarcoma (KS). Bronchoscopy revealed friable, erythematous, vascular-like inflammation throughout the lower lobe airways bilaterally. MRI brain did not reveal any CNS abnormality. The patient was started on ART and monitored for Immune Reconstitution Inflammatory Syndrome (IRIS) prior to discharge. Outpatient PET scan revealed disseminated KS with substantial pulmonary involvement, soft tissue involvement, nodal disease above and below the diaphragm, active osseous metastases, and GI involvement (Figure 2). Due to widespread visceral involvement, he was also started on Doxorubicin in addition to ART. He followed up with Infectious Disease and Oncology and is doing well though prognosis is limited.

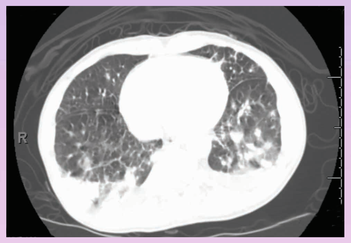

Figure 1. CT chest noted diffuse bilateral patchy areas of consolidation and several nodular opacities with a basilar predominance.

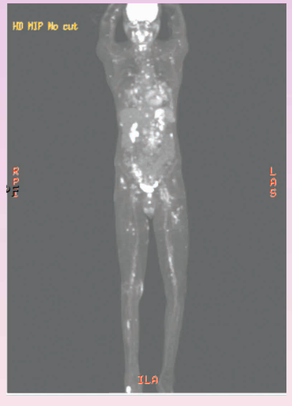

Figure 2. PET scan confirmed metabolically active disseminated Kaposi sarcoma with substantial pulmonary involvement and soft tissue nodules. Hypermetabolic nodal disease above and below the diaphragm. Subtle metabolically active osseous metastases. Metabolic activity involving GI tract, for which GI involvement cannot be excluded.

DISCUSSION

Kaposi's Sarcoma is a form of cancer with variable presentations. It can form masses in the skin, lymph nodes and other organs. The masses can occur singularly, in a limited area, or be widespread. They may worsen gradually or quickly. Lesions can be flat or raised. Despite its varied presentations, Human Herpesvirus 8 (HHV-8) is found in the lesions of all those who are affected. There are four recognized sub-types: classic or Mediterranean which affects older men, endemic which occurs in young adult males in Africa, immuno-suppression therapy-related which occurs following organ transplantation, and epidemic KS which occurs in people with AIDS and represents an opportunistic infection. With the increasing access to ART across the world, the rates and severity of epidemic KS are declining, yet even in resource-rich regions of the world, it is an important diagnosis to consider on a differential for a wide array of clinical presentations, particularly because in some countries it has become the most frequently reported cancer.

CONCLUSION

This patient presented for an unrelated complaint and was incidentally diagnosed with advanced malignancy. Although we rarely see this disease process, it should not be missed on a differential in the appropriate clinical context.

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