

## AIDS-associated Kaposi's sarcoma complicated with COVID-19

**Authors:** Adriana Saavedra-Simmons<sup>1</sup>; Veronica Salazar, M.D<sup>1,2</sup>.

<sup>1</sup> - *University of Texas Rio Grande Valley School of Medicine, Edinburg, Texas*

<sup>2</sup> - *Doctors Hospital at Renaissance, Edinburg, Texas*

### INTRODUCTION

Several studies have not found a significant increase in risk of poor outcomes in people with HIV (PWH) who are coinfecting with COVID-19. However, the majority of PWH in the studies were stable with their highly active antiretroviral therapy (HAART) regimen. We present a case of AIDS-associated Kaposi's sarcoma (KS) with superimposed COVID-19 infection.

### CASE DESCRIPTION

Our patient is a 21-year old Hispanic male with recent diagnosis of HIV-1 who presented to the ED with generalized facial swelling and right lower extremity edema associated with shortness of breath (SOB) and palpitations. He denied fever, chills, weight loss, chest pain, and cough.

On physical exam, there were painless non-ulcerating, non-purulent, violaceous, elliptical papules and plaques on his arms, face, chest, abdomen and legs. Dovato (dolutegravir/lamivudine) regimen, Bactrim prophylaxis and fluconazole had been recently initiated. AIDS-associated KS was confirmed with punch biopsy and he tested COVID-19 positive. He rapidly declined developing severe anasarca and respiratory failure. Treatment plan included dexamethasone, Remdesivir, and one unit of convalescent plasma, and multiple antibiotics.

### CONCLUSION

Despite the low prevalence of KS (1.5-7%) in the U.S. due to HAART, regions in the U.S. with limited access to care may still have patients with AIDS-associated KS as the first sign of HIV infection. Our case of poor risk AIDS-associated KS highlights the importance of early diagnosis of KS and rapid initiation of HAART which may prevent its progression to disseminated AIDS-associated KS. More studies are needed to assess the risk of COVID-19 associated mortality by HIV stage stratification.

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