

# Massive Gastrointestinal Bleed Secondary to Newly Diagnosed Gastric Kaposi Sarcoma

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#### INTRODUCTION

- Kaposi Sarcoma (KS) is a vascular tumor associated with human herpesvirus 8.
- Gastrointestinal manifestations of KS (GI-KS) are highly variable and may range from asymptomatic to non-specific symptoms. GI hemorrhage is very rare.<sup>1,2,3,4</sup>
- We present a case of massive GI bleed secondary to GI-KS.

### CASE DESCRIPTION

A 39 year-old male with advanced HIV presented to the hospital with two days of melena and hematochezia.

- Patient had a CD4 count of 180 cells/mm<sup>3</sup> despite reportedly being compliant with highly-active antiretroviral therapy (HAART).
- He was hypotensive and found to have a hemoglobin of 4.9 g/dL with initial lab studies. Physical exam significant for cutaneous KS skin lesions.
- An emergent esophagogastroduodenoscopy (EGD) revealed multiple indurated and erythematous lesions with central ulcerations in the stomach.
- Immunohistochemical testing revealed human herpesvirus 8
  consistent with Kaposi's sarcoma.
- Lesions were not amenable to endoscopic intervention so patient was started on liposomal doxorubicin by hematology outpatient after extended hospitalization that included ICU level of care.

## Images



Patient's back with cutaneous KS



Multiple indurated, erythematous lesions seen in the stomach on EGD



Positive staining for HHV-8 Latency-associated nuclear antigen-1, confirming GI-KS<sup>5</sup>

## DISCUSSION

- Advanced HIV-related KS usually presents with cutaneous lesions, but visceral involvement can present in 15% of patients.<sup>1</sup>
- Classically patients are only screened for GI-KS with upper endoscopy if they have cutaneous disease, GI symptoms (21% of patients with GI-KS), and a positive occult blood test.<sup>1</sup>
- The remaining 79% of patients with GI-KS are asymptomatic and are routinely not diagnosed until developing symptoms.<sup>1</sup>
- Factors including a CD4 cell count of < 100 cell/µL, HIV RNA >10,000 copies/mLm, men who have sex with men, not on HAART therapy, or have cutaneous KS have been shown to be predictive of GI-KS as well as endoscopic severity.<sup>1,4,6</sup>
- If GI-KS is diagnosed early based on the above screening criteria, patients can have conservative treatment options available. These range from antiretroviral therapy to resection, cryotherapy, radiation, and chemotherapy.<sup>14,7</sup>

### CONCLUSION

 Clinicians should consider referral for screening endoscopy of gastrointestinal Kaposi's sarcoma in patients with CD4 counts
 <100, HIV RNA >10,000, men who have sex with men, patients with HIV not on HAART/ who have questionable history of compliance, or those that have cutaneous KS even in the absence of GI symptoms.

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