Kaposi Sarcoma: An unusual cause of biliary obstruction
A Case Report

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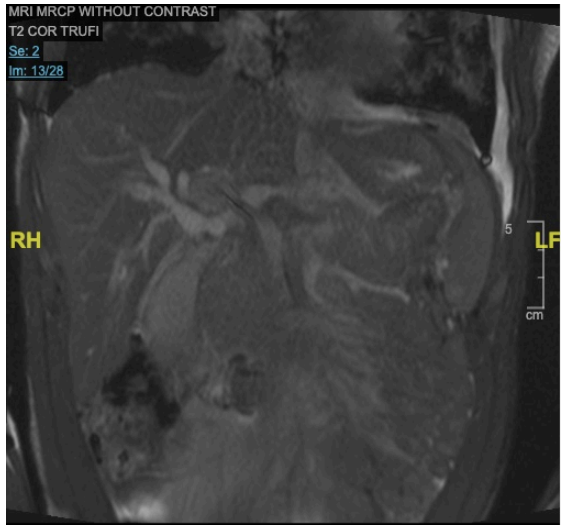
INTRODUCTION

•Kaposi sarcoma (KS) is an AIDs defining disease caused by human herpesvirus-8 occurring in setting of severe immunosuppression.

•AIDS-associated KS affects primarily the skin and the lungs, but biliary tract involvement has been reported.

•It has been associated mostly with extension from liver disease.

•We present an uncommon presentation of disseminated Kaposi sarcoma causing intrabiliary stricturing as well as extrahepatic cholestasis that resolved after sphincterotomy with biliary stenting.



CASE PRESENTATION

- 29-year-old African-American male with past medical history of HIV/AIDS with CD4 count 15 recently started on HAART, Kaposi sarcoma, who initially presented to our institution for elective bronchoscopy.
- During hospital stay, patient developed asymptomatic elevation in transaminases. elevated alkaline phosphatase 1196, AST 180, ALT 150. T bili normal 0.9,
- Ultrasound abdomen notable for distended gallbladder with markedly hyperechoic shadowing, dilated common bile duct up to 1.5 cm.
- MRCP at that time showed intra and extrahepatic biliary duct dilation with abrupt tapering of the portal vein and dilated CBD at the portal hepatis just above the pancreatic head. HIDA scan showed an obstructed cystic.
- Patient underwent ERCP with sphincterotomy and cholangioscopy with biopsy, which showed irregular-appearing common bile duct mucosa characterized as circumferential scallop and friable appearing mucosa extending approximately 1 cm in length located near the mid common bile duct.
- Biopsies resulted in bile duct epithelium.
- He had a repeat MRI abdomen this admission that showed a possible filling defect or polypoid mass in proximal CBD resulting in biliary dilation
- Given these, he underwent EUS that noted a transition point in mid CBD with severely dilated duct to 14mm.
- FNA was performed. There was also a filling defect within the bile duct but no mass seen. A 3cm lymph node was identified in the periportal area and also sampled.
- ERCP with biopsy of structured area performed and 10Fx12 cm stent was deployed.
- The FNA of both the lymph node and bile duct returned Kaposi sarcoma.
- He was evaluated by oncology who planned for outpatient chemotherapy

CONCLUSION

- The incidence of Kaposi sacroma has decreased to less than 1% of patients with AIDS after the introduction of combined antiretroviral therapy (cART).
- AIDS-associated KS is rapidly progressive and known to initially affect the skin; however, it can extend to mucous membranes and internal organs with the GI tract being the most common extracutaneous site.
- Some patients can present with nonspecific symptoms such as abdominal pain, weight loss, malabsorption, and diarrhea.
- KS has been associated mostly with extension from liver disease presenting with cholangitis and jaundice and may also be caused by extensive disease of the porta hepatis with compression of the extrahepatic biliary tree as well as structuring within the bile duct
- Endoscopic treatment with sphincterotomy, balloon dilation and biliary stenting can be performed to bypass the stricture.
- In patients with advanced symptomatic cutaneous or extracutaneous disease, the role of chemotherapy in addition to standard antiretroviral therapy has been demonstrated to reduce disease progression.

REFERENCES

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