



Gastric Kaposi Sarcoma Presenting as Acute Upper Gastrointestinal Hemorrhage in a Heart Transplant Patient

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INTRODUCTION

- Kaposi sarcoma (KS) is a multifocal neoplasm of lymphatic cells that occurs more often in organ transplant patients
- Pathogenesis is related to use of immunosuppressive (IS) medications
- Acute gastrointestinal (GI) hemorrhage due to KS is exceedingly rare, and has never been reported in a heart transplant patient
- We report a case of KS presenting as gastrointestinal hemorrhage in a heart transplant patient whose bleeding resolved with supportive care and treatment of his underlying KS

CASE PRESENTATION

HPI

- 63-year-old man from Sudan
- PMH: heart transplant on IS, cutaneous KS treated with paclitaxel in remission
- CC: melena

Physical Exam

- Vitals normal
- Physical exam unremarkable

Labs: hemoglobin 7.6 from 11.7 g/dL

Endoscopy: patch of nodular gastric mucosa

Biopsy

- Spindle cells in lamina propria
- Staining positive for human herpesvirus-8 (HHV-8)
- Findings supported diagnosis of Kaposi sarcoma

Management

- Proton-pump inhibitor
- Blood transfusions
- Resumed on paclitaxel
- No recurrence of bleeding

FIGURE 1

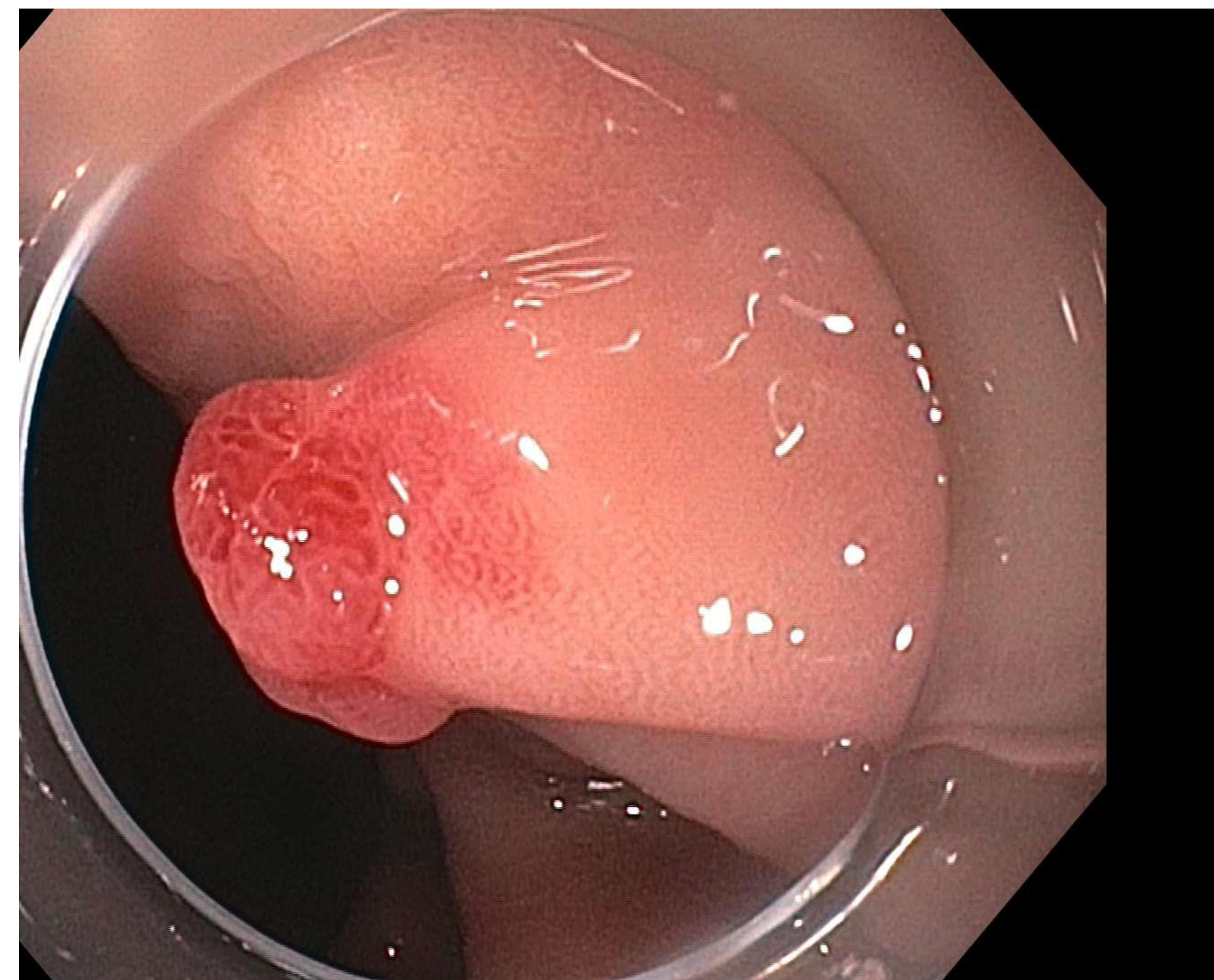


Figure 1. Lesser curvature gastric nodule, endoscopic appearance

FIGURE 2

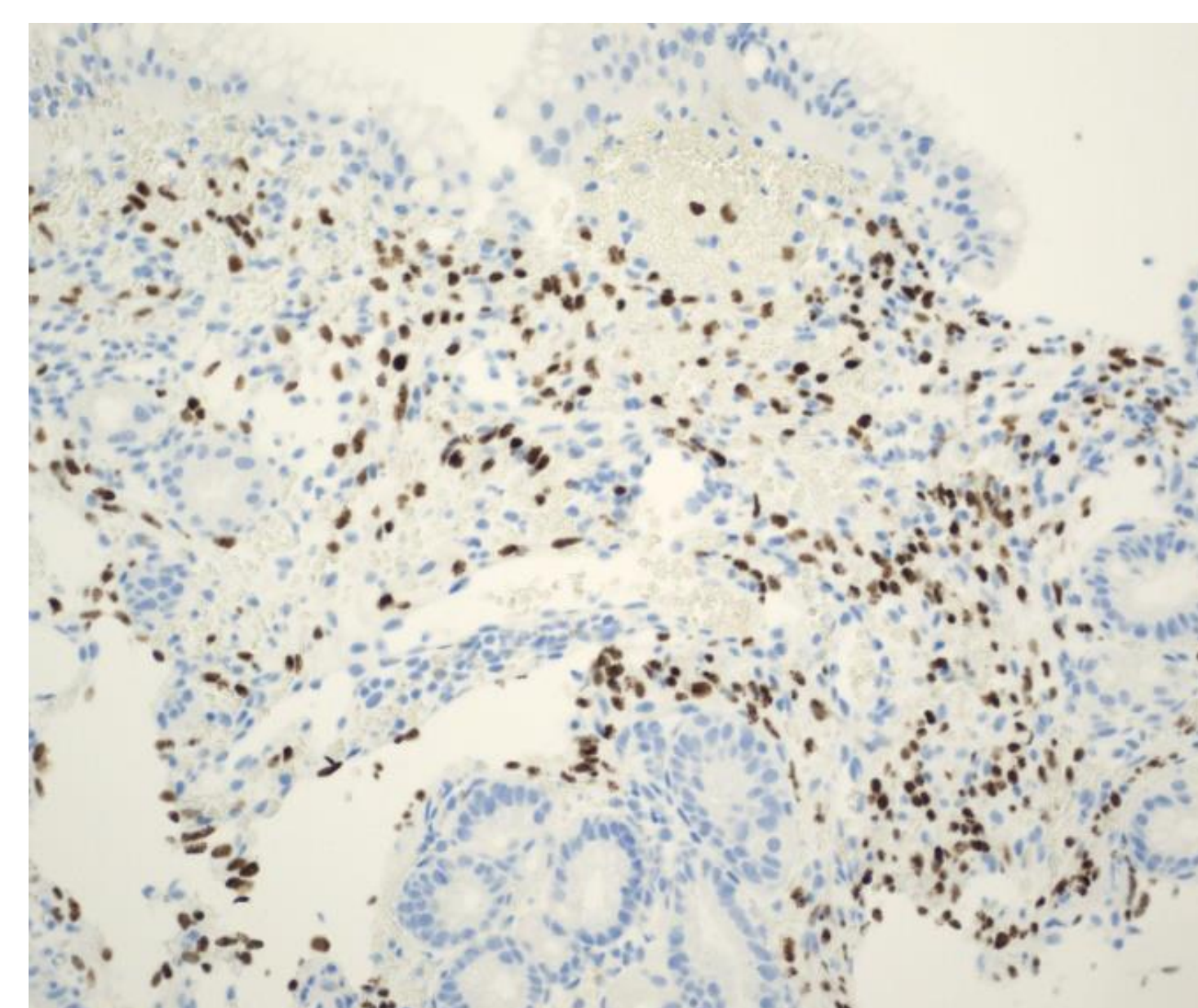


Figure 2. Tissue sample of gastric ulcer nodule with immunohistochemical staining for HHV-8 (20x)

FIGURE 3

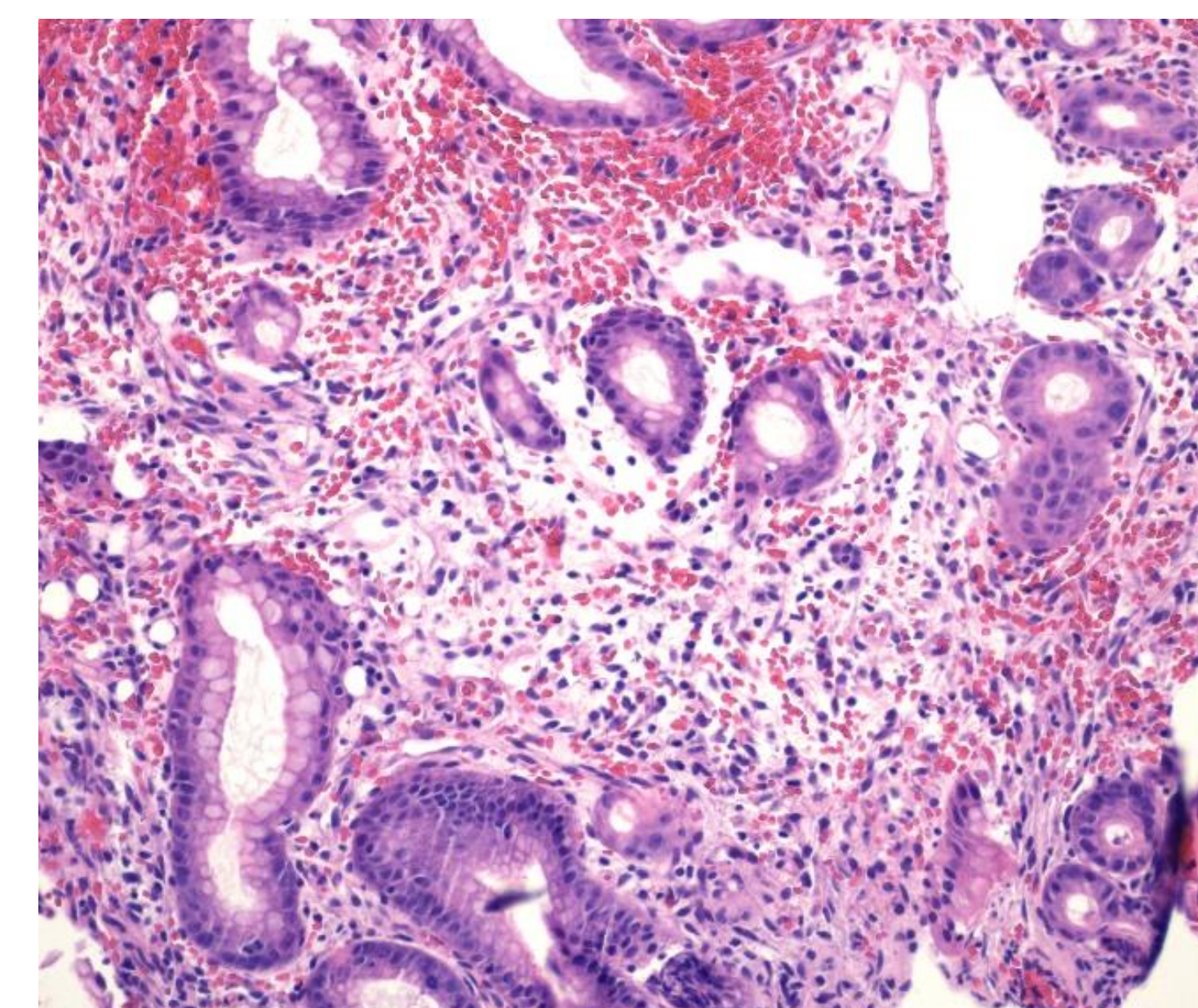


Figure 3. Tissue sample of gastric nodule showing dilated capillaries with associated spindle cells within the lamina propria (20x)

DISCUSSION

- Solid organ transplant recipients are at increased risk for cancer caused by oncogenic viruses such as HHV-8
- KS is predicated on HHV-8 infection and immunosuppression
- The GI tract is a common site of involvement in KS
- Presentation of GI KS can include vomiting, diarrhea, or occult blood loss
- Overt GI bleeding in KS is rare
- Endoscopic appearance varies from flat lesions to polypoid or nodular growths
- Histopathology shows spindle cells positive for HHV-8
- Management of GI bleeding in KS depends on severity
- Management of active GI bleeding due to KS includes endoscopic therapies, or embolization or bowel resection for refractory bleeding
- The role of endoscopy in less severe cases is to confirm KS with biopsy
- Management of KS includes IS reduction and chemotherapy for refractory disease
- For cases of iatrogenic KS, 42% of patients achieve remission with 38% of these remissions requiring reduction or cessation of immunosuppression

CONCLUSIONS

- We report the first known case of acute GI bleeding due to KS in a heart transplant recipient
- KS is a rare cause of overt GI bleeding
- Visceral KS should be considered in the differential diagnosis of GI bleeding in patients with immunodeficiency or on chronic IS
- Endoscopic biopsy of lesions suspicious for KS should be performed to confirm diagnosis and guide management

ACKNOWLEDGEMENTS

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