

Gastrointestinal Kaposi Sarcoma: A Case Report

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Introduction

- Kaposi sarcoma (KS) in the gastrointestinal (GI) tract is an uncommon entity specially without any cutaneous manifestation since the introduction of HAART therapy in HIV patients.
- Most of the gastrointestinal KS, remains undiagnosed as majority of KS is asymptomatic.(1) Here we present a case of GI- KS in a HIV/AIDS patient.

Case Description

A 21-year-old male with history of HIV-AIDS came in for nausea, vomiting and hematochezia for 1 month.

Lab showed; total CD4 of 10, elevated ALP 435 U/L, AST, ALT, total and direct bilirubin, lipase was normal. There was periodic increase in ALP hence MRCP was done, which revealed multiple hepatic and intrabiliary lesions.

On EGD and colonoscopy, a large infiltrative mass, with recent stigmata of bleeding was found in the duodenum (Figure 1) to the ileum causing a partial obstruction. The biopsy showed extensive spindle cell proliferation with immunostains positive for HHV8, ERG (figure 2) which was consistent with Kaposi Sarcoma. A liver biopsy showed non caseating granuloma with lymphocytic infiltrate with portal ductal proliferation and edema.

ERCP revealing multiple segmental moderate biliary strictures in the common bile duct (CBD), left and right intrahepatic branches. A biliary sphincterotomy and a plastic stent in CBD was performed.

He was on HAART therapy and anthracycline based chemotherapy was considered, but the patient passed away due to multiorgan failure from sepsis.

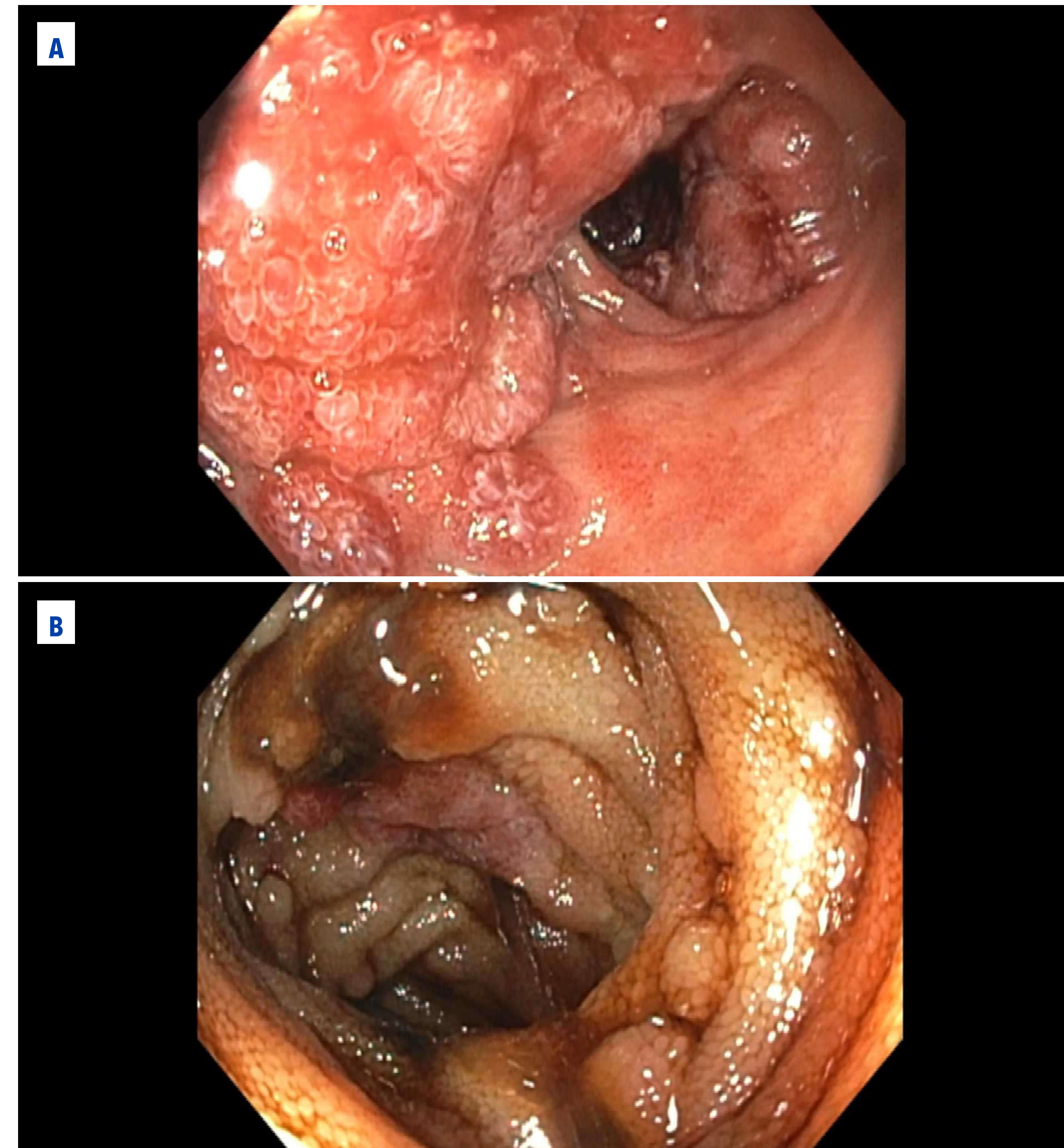


Figure 2. Large infiltrative mass of Kaposi Sarcoma found in duodenum with the stigmata of bleeding (A and B)

Conclusions

- GI- KS can present as multiple GI symptoms including nausea, vomiting, GI bleeding as in our case or abdominal pain, anemia.
- Most of the time gastrointestinal KS remains asymptomatic. Clinician should have high suspicion for GI-KS especially in patients with HIV- AIDS, not in therapy. This will help in the earlier diagnosis and management of GI-KS

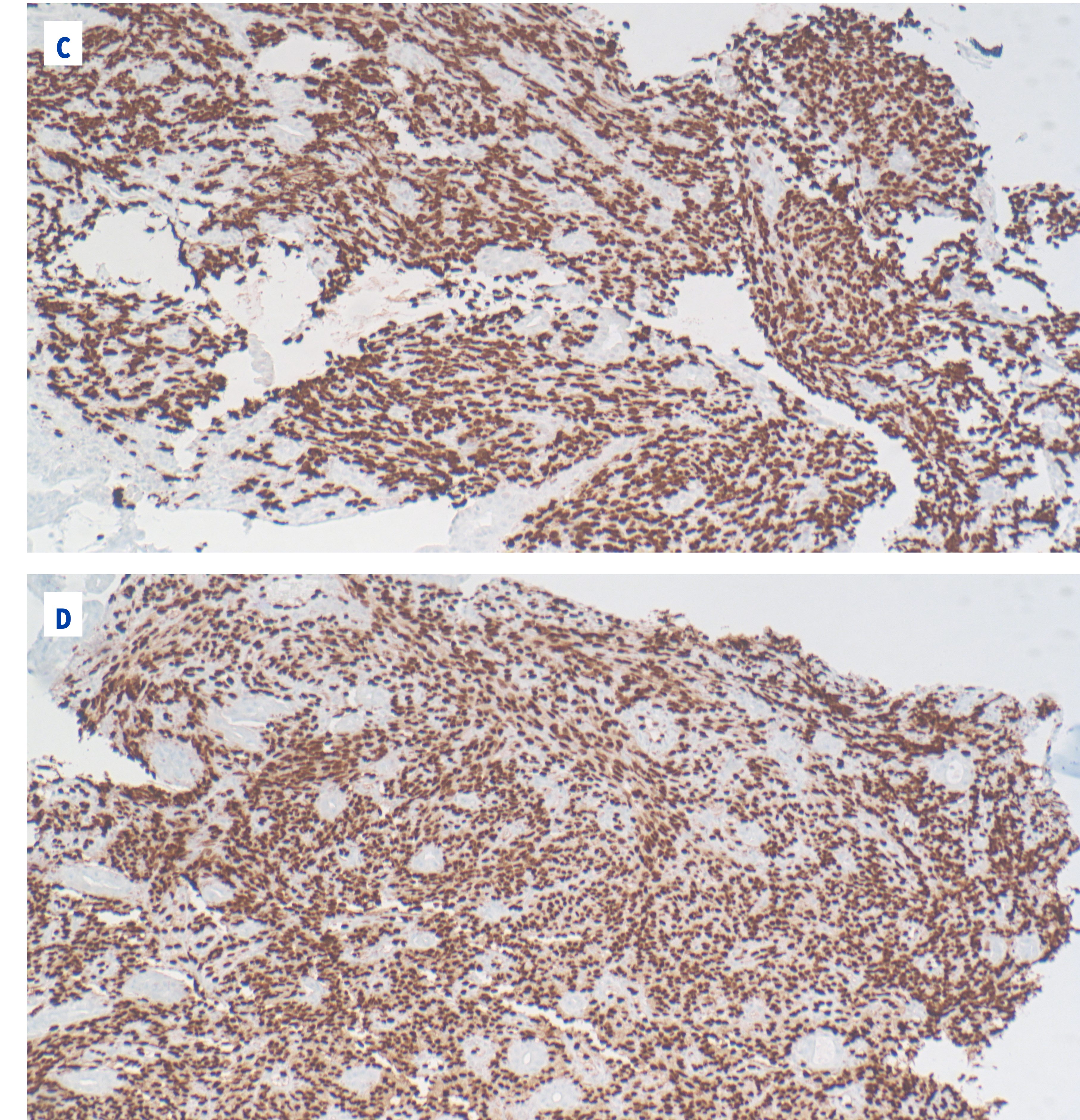


Figure 2. Extensive spindle cell proliferation with immunostains positive for HHV8 (C), ERG (D), consistent with Kaposi Sarcoma.

References

1. Lee AJ, Brenner L, Mourad B, Monteiro C, Vega KJ, Munoz JC. Gastrointestinal Kaposi's sarcoma: Case report and review of the literature. *World J Gastrointest Pharmacol Ther.* 2015;6(3):89-95. doi:10.4292/wjgpt. v6.i3.89