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Kaposi's sarcoma: a reversible cause of ARDS in HIV-infected patient

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A 38-year-old untreated human immunodeficiency virus (HIV)-infected transsexual female was admitted to our intensive care unit (ICU) for acute respiratory distress syndrome (ARDS). She had no fever and no other organ failure at admission. Leukocyte count was 10.2 g/L, C-reactive protein (CRP) was 135 mg/L, serum procalcitonin was 0.11 μg/L, CD4 count was 180/mm^3, and lactate dehydrogenase (LDH) level was 625 UI/L (N <626 UI/L). Chest X-ray and thoracic computed tomography (Fig. 1a) revealed diffuse alveolo-interstitial pulmonary lesions associated with pseudotumoral nodules visualized at bronchoscopy. Gastrointestinal endoscopy showed typical "cherry-red" lesions (Fig. 1b). Skin lesion biopsies confirmed the diagnosis of Kaposi's sarcoma (KS). The patient fully recovered after chemotherapy and was discharged from hospital 8 weeks later. KS is known as a lymphoproliferative disorder related to human herpesvirus 8 (HHV8) occurring in HIV-infected patients [1]. KS usually presents as extensive papular–nodular skin lesions [2]. ARDS has become a rare complication of KS thanks to the widespread use of highly active antiretroviral therapy (HAART) [2] and is described to occur without typical skin lesions in 15 % of the pulmonary forms [3]. Low LDH level, negative serum procalcitonin, and CD4 count over 50/mm^3 make other opportunistic infections unlikely [3]. Thoracic computed tomography is characterized by striking flame-shaped opacities and spicular thickening of the bronchovascular bundles [4]. HAART is the cornerstone of treatment [5], but severe clinical presentations can require chemotherapy, such as anthracyclines or paclitaxel [5].

Conflicts of interest On behalf of all authors, the corresponding author states that there is no conflict of interest.

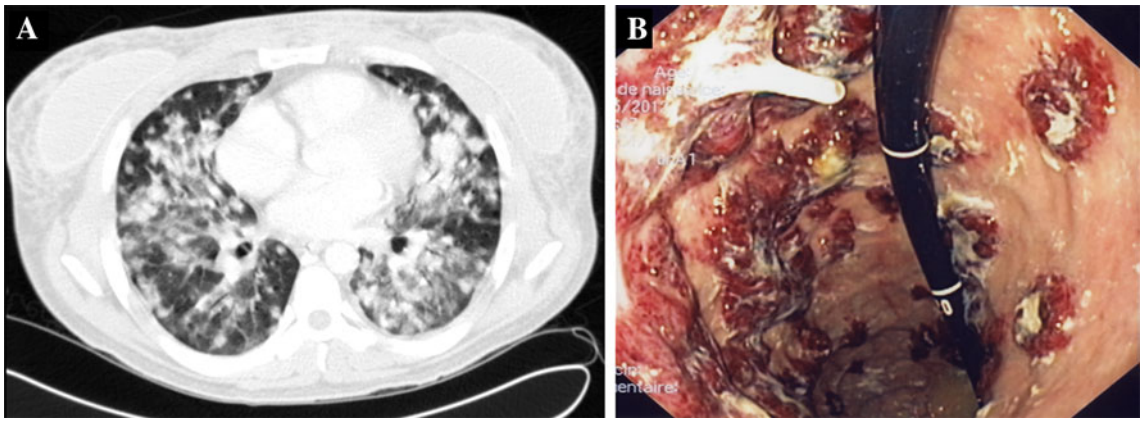

Fig. 1 **a** Thoracic computed tomography showing diffuse alveolo-interstitial pulmonary lesions associated with pseudotumoral aspect. **b** Gastric endoscopy revealing wide gastroesophageal spread of Kaposi sarcoma with typical "*cherry-red*" tumoral aspect

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