

1596. Spectrum of Kaposi's sarcoma encountered among HIV-infected patients in an inner-city hospital in the established antiretroviral era

Minh Ly Nguyen, MD, MPH¹; Cheng Zeng, BS¹; Marilyn Adamski, PA²; Marina Mosunjac, MD³; Clifford Gunthel, MD¹; ¹Medicine, Emory University School of Medicine, Atlanta, GA; ²Grady Health System, Atlanta, GA; ³Pathology, Emory University School of Medicine, Atlanta, GA

Session: 200. HIV 5: Comorbidities and Coinfections
Saturday, October 11, 2014: 12:30 PM

Background. Epidemic Kaposi's sarcoma (KS) is a multicentric angioproliferative cancer of endothelial origin typically occurring in the context of immunodeficiency such as coinfection with Human Immunodeficiency Virus (HIV) or transplantation. The incidence of KS has dramatically decreased in both US in the combined antiretroviral therapy (cART) era. We present our experience with KS encountered among admitted patients in an inner-city hospital over a 3 year period.

Methods. Hospitalization records were queried for discharge diagnosis that included KS as diagnosis among admission to Grady Memorial Hospital from October 2010 to October 2013. Demographic data as well HIV markers were collected. Excluded are patients with a history of KS, non-active KS or unconfirmed KS.

Results. There were 43 patients admitted with active KS during the 3-year period, with the majority being male (97%) and African (81%). The median age at KS diagnosis was 37 (range: 19-62). The median CD4 count at KS diagnosis was 11 (range: 1-462). The most common involved organs are skin, gastrointestinal tract, pulmonary and lymph nodes (table). The median time of HIV diagnosis to KS diagnosis was 2

years (range: 0-26 years). Half of the patients had a concomitant or recent (within past 6 months) opportunistic infection (Pneumocystis pneumonia (n = 14), toxoplasma encephalitis (n = 4), CMV retinitis or colitis (n = 2), or cryptosporidiosis (n = 2)). Of note, a third had coinfection with a viral hepatitis: 11(26%) had chronic active hepatitis B and 3 (7%) had active hepatitis C. A third of the patients had a poor KS prognostic index. A third was on cART at KS diagnosis and 26 patients received chemotherapy for KS. The median follow up from KS diagnosis was 343 days (14-2234). 14(33%) died within one year of KS diagnosis.

Sites of Kaposi's sarcoma involvement

| | 1 site | 2 sites | 3 sites | 4 or more sites |
|------------|--------|----------------------------|---------------------------|----------------------------|
| Skin | 7 | GI:8,P:3, LN:2, OTHER:1 | GI_P:3,GI_LN:1, P_LN:2 | GI_P_LN:3, P_LN_OTHER:2 |
| GI | 4 | P:2, OTHER:1 | P_LN:1 | |
| Pulmonary | 1 | | LN_OTHER:2 | |
| Lymph node | | | | |

Conclusion. In our hospital, people presenting with KS still had poor outcome despite wide availability of cART and chemotherapy. Vigilance to get patients into care earlier, start arv earlier will help decrease KS severity of disease.

Disclosures. M. L. Nguyen, Tibotec: Investigator, Research grant