

Gastrointestinal Kaposi's sarcoma involving stomach, duodenum, and colon

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A 30-year-old man reported a 3-month history of hyporexia, fatigue, nausea, vomiting, non-bloody diarrhea, and weight loss of 15 kg. One month prior to his referral he was diagnosed with HIV infection. On physical examination he had: cachexia; several 5-10 mm well-demarcated violaceous macules and papules on his face, back, trunk, and extremities; and abdominal tenderness. Laboratory studies revealed: hemoglobin 9.10 g/dL; white blood cell count 3,850 cells/mm³; platelet count 107,000/mm³; and serum albumin 0.8 g/dL. Absolute CD4 count was 13 cells/mm³, and HIV RNA viral load 255,920 copies/mL. Computed tomography showed diffuse bowel wall thickening and ascites (Fig. 1A). Esophagogastroduodenoscopy revealed hemorrhagic, raised, plaque-like lesions in the oropharynx, and an umbilicated nodule with central ulceration in the antrum (Fig. 1B). The duodenum presented with multiple variable-sized hyperemic polypoid masses without any areas of normal mucosa (Fig. 1C). Colonoscopy showed multiple segmental reddish polypoid lesions involving the cecum, ileocecal valve, ascendant, transverse and descendant regions (Fig. 1D). Biopsy specimens were obtained. Histopathologic evaluation revealed spindle cell proliferation with positive human herpesvirus 8 staining confirming Kaposi's sarcoma (KS). Patients with gastrointestinal KS can present with abdominal pain, weight loss, nausea, vomiting, gastrointestinal bleeding, intestinal obstruction, malabsorption, or diarrhea [1,2]. Depending on the severity of HIV and disease burden of KS, HAART could be first-line therapy, and systemic chemotherapy is reserved for cases with widespread disease [3,4]. In this case, HAART was started and systemic chemotherapy was considered, but, on hospital day 11, he expired due to multi-organ failure.

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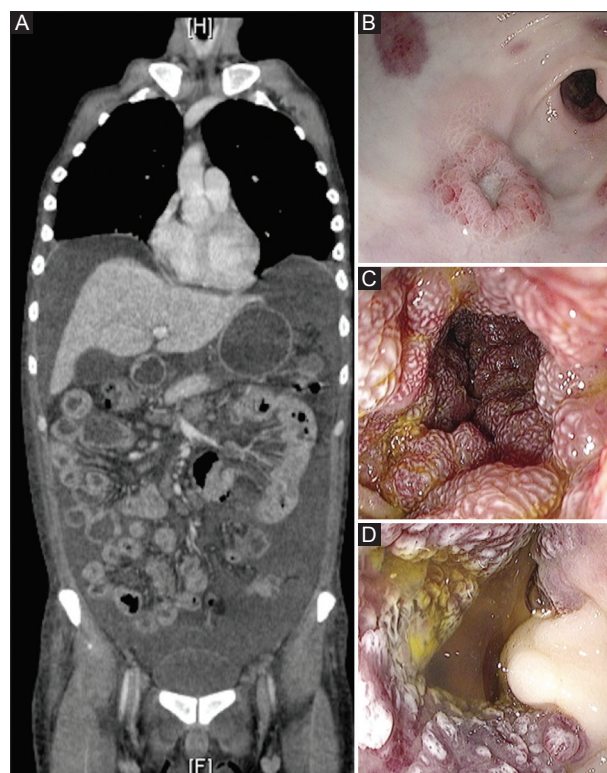


Figure 1 (A) Computed tomography showing diffuse bowel wall thickening and ascites. (B) Upper endoscopy: umbilicated nodule with central ulceration in the antrum. (C) Multiple variable-sized hyperemic polypoid masses in the duodenum. (D) Colonoscopy showing multiple segmental reddish polypoid lesions involving the ileocecal valve

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