

Kaposi's sarcoma of the tonsils

Brendan Wright

ENT, Health and Social Care Services in Northern Ireland, Belfast, UK

Correspondence to
Brendan Wright,
bwright01@qub.ac.uk

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DESCRIPTION

A 19-year-old HIV-positive man was referred to the ENT (ear, nose and throat) team with dysphagia and intermittent hearing loss. He had a CD4 count of 70 cells/mm³ (9%) and was receiving antiretroviral treatment (Raltegravir and Truvada). He had known Kaposi's sarcoma (KS) skin lesions on the neck and arms, and a left-sided level 5 neck node biopsy was positive for KS.

He gave a 2-week history of dysphagia at the level of the hyoid bone, as well as intermittent episodes of haemoptysis and haematemesis. He also described bilateral intermittent hearing loss over 2 weeks.

On examination there were large, irregular lesions on both tonsils, which clinically appeared to be KS (figure 1). There were several firm lymph nodes in the posterior triangle of the neck bilaterally and in the left supraclavicular fossa. Both tympanic membranes were dull and retracted. Flexible nasoendoscopy revealed a large adenoid pad with the appearance of a Kaposi's lesion (figure 2) and the hypopharynx and larynx were clear. An audiogram showed a bilateral conductive hearing loss and tympanograms were flat, in keeping with bilateral glue ear.



Figure 1 A Kaposi's lesion is visible on the left tonsil (the right tonsillar lesion is just out of view).



Figure 2 A large adenoid swelling with the appearance of a Kaposi's lesion is visible in the postnasal space viewed through the right nasal cavity (inferior turbinate on the left hand side and nasal septum on the right hand side).

A histological diagnosis was not made on the adenoid and tonsils given the clear clinical diagnosis and because it would not change the patient's management. The patient was proceeding to have liposomal doxorubicin treatment.

KS is rarely reported to affect the tonsils,^{1,2} with one case series finding a prevalence of 8.3% for tonsillar KS in patients with KS of the head and neck region.³

Learning points

- ▶ Kaposi's sarcoma can affect the tonsils in HIV-positive patients.
- ▶ Consider Kaposi's lesions in the oropharynx as a possible cause of dysphagia in an HIV-positive patient.

Contributors Article devised and written by the corresponding author.

Competing interests None declared.

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