Kaposi sarcoma: an unusual cause of gastrointestinal bleeding

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DESCRIPTION
A 44-year-old man presented to the emergency department with a 2-day history of fever, chills and non-bloody diarrhoea. He had a history of HIV infection and was non-compliant with antiretroviral therapy (ART). He was diagnosed with cutaneous Kaposi sarcoma (KS) 3 months earlier and received one course of paclitaxel chemotherapy with subsequent regression of his malignant skin lesions. Physical examination was significant for fever, tachycardia and tachypnoea. Laboratory work up revealed anaemia (haemoglobin 7.6 g/dL, mean corpuscular volume 77.4 fL), thrombocytopaenia (platelets 33 k/mm³) and elevated lactic acid (3.8 mmol/L). Chest X-ray was normal. The patient was admitted to the intensive care unit for treatment of presumed sepsis. Blood cultures were drawn before administration of broad-spectrum antibiotics. On day 2 of admission, he had two episodes of melena causing an acute drop in haemoglobin down to 6.5 g/dL. He remained haemodynamically stable and was transfused 2 units of packed red blood cells. Esophagogastroduodenoscopy and colonoscopy, which were performed the next day, revealed extensive lesions consistent with KS, throughout the stomach, duodenum, colon and rectum (figures 1 and 2). No diagnostic biopsies were obtained due to the vascular nature and friability of the lesions. Over the next 2 days, the patient improved clinically and antibiotics were discontinued as no infectious source was identified. He was discharged home in a stable condition with scheduled follow-up for chemotherapy at the oncology clinic.

Learning points

▸ Despite a significant fall in incidence since the introduction of antiretroviral therapy (ART), Kaposi sarcoma (KS) remains one of the AIDS-defining malignancies. It is the most common gastrointestinal malignancy in acquired immunodeficiency syndrome.1 Gastrointestinal involvement occurs in about 40% and is often asymptomatic, however, symptoms may include abdominal pain, weight loss, nausea, vomiting, gastrointestinal bleeding, intestinal obstruction, malabsorption or diarrhoea.2

▸ Management is usually palliative, with the primary aim of improving symptoms and preventing progression. However, treatments may include antiretroviral medications, radiation therapy, chemotherapy or a combination.3

▸ Depending on the severity of HIV and disease burden of KS, highly active ART could be a first-line therapy. ART may help promote regression of existing lesions, decrease the development of new lesions and improve survival with or without chemotherapy.2 Systemic chemotherapy is usually reserved for patients with widespread disease, and liposomal anthracyclines (eg, doxorubicin), due to their favourable response rates and toxicity profiles, are considered first-line agents in such cases.2

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REFERENCES