Coexistence of Kaposi sarcoma and gastric diffuse large B-cell lymphoma in a HIV-infected patient

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A 24 years-old man without medical history was admitted due to weight loss, asthenia, anorexia, fever, and the appearance of multiple brownish nodules in the scalp, upper and lower limbs and trunk, associated with axillary and inguinal adenopathies. Blood tests revealed anemia (hemoglobin 8.9 g/dL), leukopenia (3,000x10^9 leukocytes/L) and thrombocytopenia (28,000x10^9 platelets/L) and elevated inflammatory markers (C-reactive protein, 34.3 mg/L). Abdominal ultrasound was normal. Antibodies anti-HIV were requested, and they were positive for HIV-1. The cutaneous lesions were compatible with Kaposi Sarcoma.

To evaluate the extension of Kaposi sarcoma, an upper endoscopy was performed. A large area of pigmented mucosa was seen in the palate (Fig. 1). Also, a well-demarcated non-elevated brownish lesion was seen in the esophagus (Fig. 2). In the stomach, multiple reddish lesions were seen diffusely in the antrum, body, and fundus, all consistent with Kaposi lesions (Fig. 3). In the posterior wall of the body one of these lesion was in an elevated area (Fig. 4), and biopsies were performed in this site. Pathological analysis showed diffuse large B-cell lymphoma (Figs. 5 and 6).

Currently, patient status is poor. He has severe pancytopenia, disseminated Kaposi sarcoma (with cutaneous, esophageal, gastric and bronchial disease) and also pneumocistosis. He has been under highly active antiretroviral therapy and doxorubicin for Kaposi
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Kaposi sarcoma is the most common malignancy in this setting, and frequently involve the gastrointestinal tract (1,2). HIV-infected patients have a well-established increased risk of Kaposi sarcoma and lymphoma. However, the coexistence of gastric Kaposi sarcoma and gastric diffuse large B-cell lymphoma (and, in our case, in the same lesion) was not previously reported.

REFERENCES