Extensive Kaposi Sarcoma in a patient with AIDS

A 38 year old man presented to the emergency department with extensive, nodular skin lesions all over his body, getting progressively worse over a 1 year period. The patient was an electrician and denied any recent travel outside of Angola. Physical examination revealed peri-orbital oedema; violaceous plaques on the soft palate; violaceous nodules and plaques on the face, chest and upper limbs; multiple nodular, ulcerated and exophyitic lesions on his lower limbs, associated with severe bilateral leg and scrotal oedema (Panels A and B). Laboratory studies revealed anaemia with haemoglobin (Hb) of 8.1g/dl (reference range Hb 13-15g/dl), positive test for the human immunodeficiency virus (HIV) and a CD4+ count of 44 cells per cubic millimetre (reference range 500-1500 cells/mm_3). A skin biopsy confirmed the diagnosis of nodular Kaposi Sarcoma. Upper and lower gastrointestinal tract endoscopy showed extensive involvement of the colon but minimal involvement of the upper GI tract (Panel D). Antiretroviral therapy was initiated and the patient underwent 1 cycle of chemotherapy and was discharged with outpatient follow up. Kaposi's sarcoma is a malignant vascular tumour caused by the human herpesvirus 8 (HHV-8) and is an AIDS defining illness with a variable course and clinical presentation. Peri-orbital edema, lymphedema and extensive lesions, as seen in this patient, are poor prognostic signs. One week after chemotherapy the patient presented to the emergency department with episodes of hematochezia, severe anaemia (Hb 5.1g/dl) and in hypovolemic shock with a lactate of 12 mmol/L (reference range 0.5-1mmol/L) and severe acidosis with pH 7.18 (reference range pH 7.35-7.45). Unfortunately he passed away within hours of admission.