

PICTURES IN DIGESTIVE PATHOLOGY

Kaposi's sarcoma of the rectum

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CASE REPORT

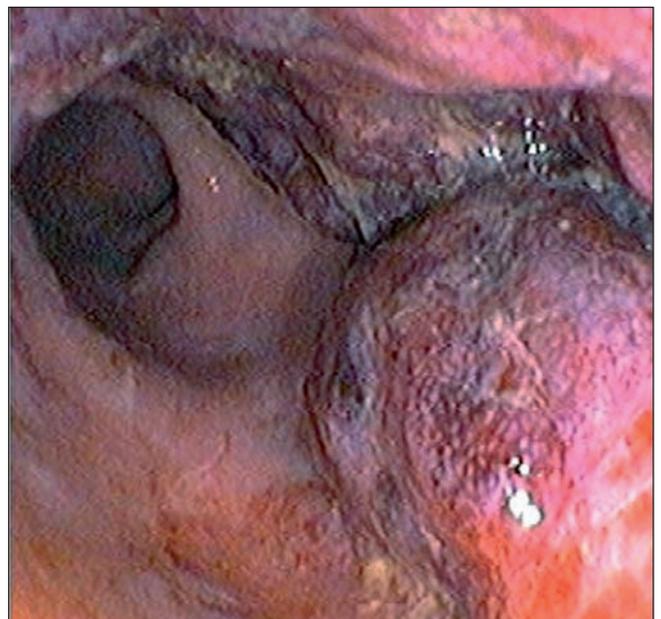
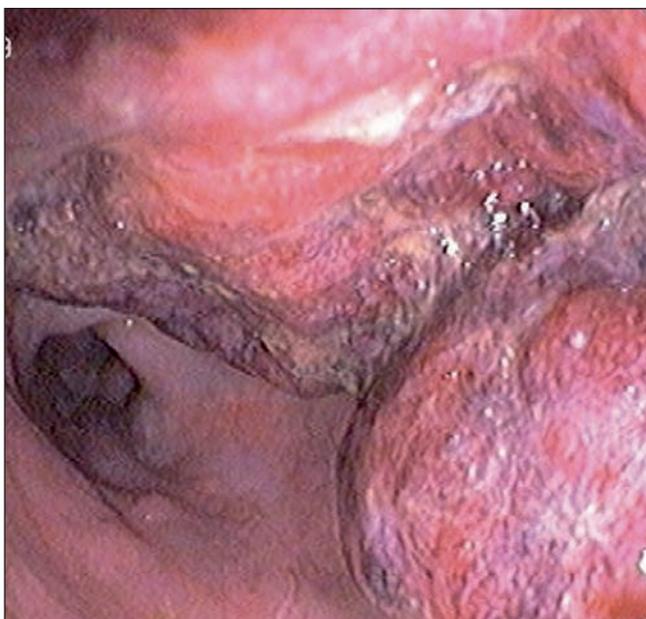
A 40-year old male patient, professor, without previous relevant medical history searched medical assistance for rectal bleeding for the previous two weeks associated with proctalgia. He denied perianal pruritus or secretions or other major complaints.

At physical examination he presented with an excellent general state, without skin lesions or palpable adenopathies. Rectal digital examination detected an irregular and painful rectal mass with rough consistence. Laboratory data: leucocytes 5.800 μ L (58.2% neutrophils; 32.3% lymphocytes), haemoglobin 13.7 g/dL, platelets 247.000/ μ L, creatinine 1.01 mg/dL, blood-urea nitrogen 20 mg/dL, C-reactive protein 44.8 mg/dL.

A colonoscopy was performed, revealing a polypoid vinous lesion occupying approximately 2/3 of the luminal circumference (Figs. 1 and 2). A macrobiopsy with a polypectomy snare was obtained. Histological analysis revealed multiple small blood vessels delimited by spindle cells displayed in a swirl pattern with areas of bleeding and hemosiderin deposits.

Immunohistochemical staining was positive for vimentin, CD 31 and CD 34 (Fig. 3). These findings were highly suggestive of Kaposi's sarcoma afflicting the rectum. HIV serologies were positive.

The subsequent investigation for other Kaposi's lesions was negative.



Figs. 1 and 2. Polypoid vinous-coloured lesion occupying 2/3 of luminal circumference in the rectum.

DISCUSSION

Kaposi's sarcoma (KS) is a vascular malignant neoplasm commonly found in immunocompromised patients, which carries high mortality and morbidity (1,2). It most frequently affects the skin with a slow progression although it has a visceral associated involvement as well. When the intestine is affected this usually precedes skin lesions. Histological typical findings are seen in the submucosa and deeper layers (3,4).

Solitary KS has been described in the appendix, mesentery and rectum as in our case (5).

Since the introduction of highly active antiretroviral therapy (HAART), immunological reconstitution and viral load reduction has been possible thus enabling reduction and even total remission of KS (5).

In our case we emphasize the fact that the patient presented with an advanced AIDS despite the lack of significant clinical and analytical changes.

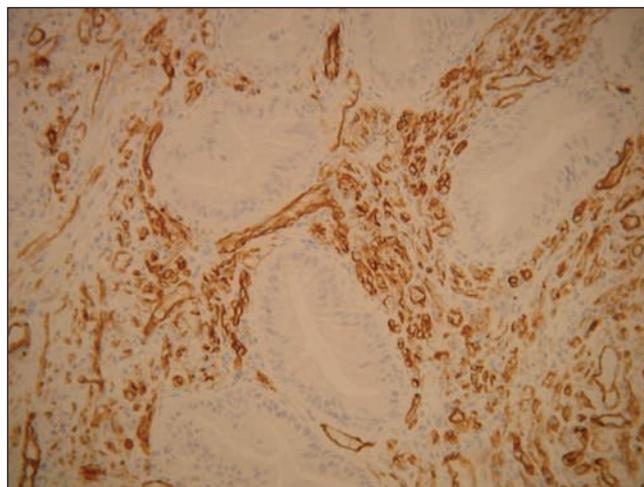


Fig. 3. Immunohistochemical staining of spindle neoplastic cells with CD31, suggesting Kaposi sarcoma.

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