

Letters to the Editor

Colorrectal Kaposi's sarcoma

Key words: GIST. Kaposi's sarcoma. HHV8.

Dear Editor,

Regarding the case published by Ferreira et al. (1) about Kaposi's sarcoma, we would like to contribute a reflection based on a clinical case.

The diagnosis of Kaposi's sarcoma outside the immunosuppression context is complex and difficult to differentiate especially from GIST.

From the pathological point of view, both diseases can be positive for the markers CD117, c-kit and CD34 (2). The difference lies in the Kaposi's sarcoma positivity for HHV8 (3) (99 % sensitivity, 100 % specificity), apart from infiltration of the lamina propria, the presence of lymphoplasmocytic infiltrates and hemosiderin deposits (4), findings that usually are linked to a young and immunocompromised patient, usually HIV+ (5).

Until the introduction of the highly active antiretroviral therapy (HAART), Kaposi's sarcoma was virtually endemic in these patients (6). Subsequently, there has been a significant decline due to the restoration of the immune system (7), since the HHV8 is inhibited by T lymphocytes. It has also been seen that certain protease inhibitors may reduce the development and progression of typical lesions of Kaposi's sarcoma because of their antiangiogenic effect (8).

Case report

We report the case of a 26-year-old male with no history of interest who consulted for diarrhea. The previous week, he had

been treated with amoxicillin-clavulamic acid because of a respiratory infection; so initially, it was attributed to previous antibiotic. Due to the persistence of symptoms, with fatigue and weight loss, the study was extended to:

- *Colonoscopy*: Multiple polypoid formations like mushrooms, red, some ulcerated, with variable sizes from millimeters to 2.5 cm, spread from the rectum to the cecum, suggestive of lymphoma, but that turned out to have a nonspecific biopsy.
- *Upper endoscopy*: Nodule in stomach, 1 cm approximately, ulcerated, with biopsy of vascular congestion.
- *TC thoracoabdominal*: Small apical infiltrates right upper lobe. Discrete splenomegaly.

Considering the differential diagnosis between lymphoma and unusual inflammatory disease, we decided to repeat the colonoscopy and biopsy, which this time was compatible with GIST.

The case was discussed in a multidisciplinary committee, and after repeating again a colonoscopy, surgery was decided: total proctocolectomy with ileal J-pouch and loop ileostomy (Fig. 1).

Final pathological supports multiple Kaposi's sarcoma (42 injuries, some of them reaching the underlying fat), 61 nodes included (13 with metastases).

A new clinical history was made, recognizing the patient risk homosexual practices and physical examination detected telangiectasias on face, a lesion on the palate and one on the fifth toe, consistent with cutaneous Kaposi's sarcoma.

The study was completed and AIDS was diagnosed with stage C3 130 CD4 with Kaposi's sarcoma with oral, cutaneous and digestive affection, correlating as TIS staging system for Kaposi's sarcoma with stage T1 (tumor extended), I1 (< 200 CD4), S1 (presence of B symptoms: diarrhea > 2 weeks and weight loss in this case), indicative of poor prognosis.

Treatment was initiated with HAART and it was proceeded to ileostomy closure 5 months later.

Discussion

In conclusion, we emphasize the importance of a complete medical history and a physical examination. The diagnosis accu-

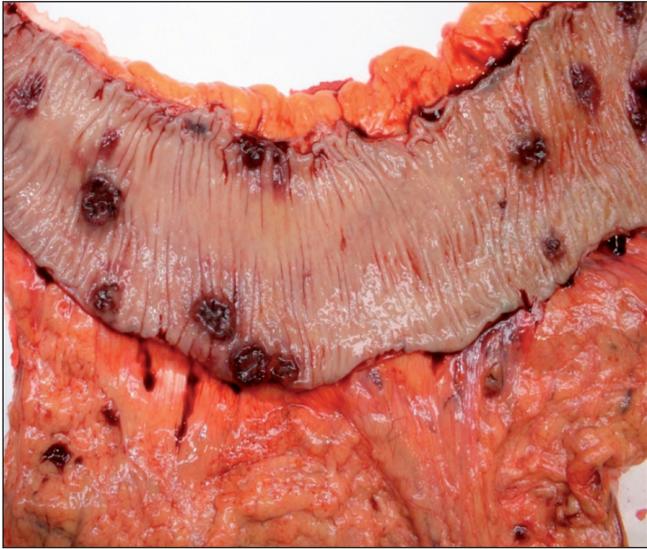


Fig. 1.

racy of biopsies is also important and to provide accurate information to pathologists.

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