

PICTURES IN DIGESTIVE PATHOLOGY

Upper gastrointestinal bleeding due to gastric and duodenal kaposi's sarcoma

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CASE REPORT

A 30-year-old homosexual male was recently diagnosed with HIV infection (category A2). He was admitted into the hospital because of anal pain and diarrhea of 8 months. He presented purplish cutaneous lesions, laterocervical adenopathies and a palpable anal mass. The rest of physical exploration did not reveal any other significant alteration. The amount of CD4 was 350 cells/mL and the viral load of 10,000 copies/mL. Fecal cultures were negative. A colonoscopy was performed and detected an ulcerated rectal mass that was biopsied (Fig. 1). He presented an episode of hematemesis so it was performed an upper endoscopy which demonstrated the presence of lesions suggestive of Kaposi's in the stomach (Fig. 2) and duodenum (Fig. 3). The definitive anatomopathologic diagnosis of the cutaneous anal lesion, gastric biopsy and adenopathies was Kaposi's sarcoma. The patient began antiretroviral treatment and chemotherapy with liposomal doxorubicin and radiotherapy.

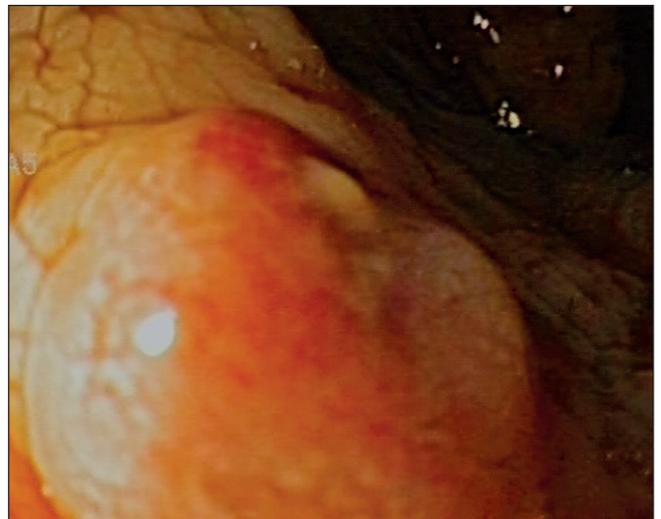


Fig. 1. Ulcerated rectal mass due to Kaposi's sarcoma.

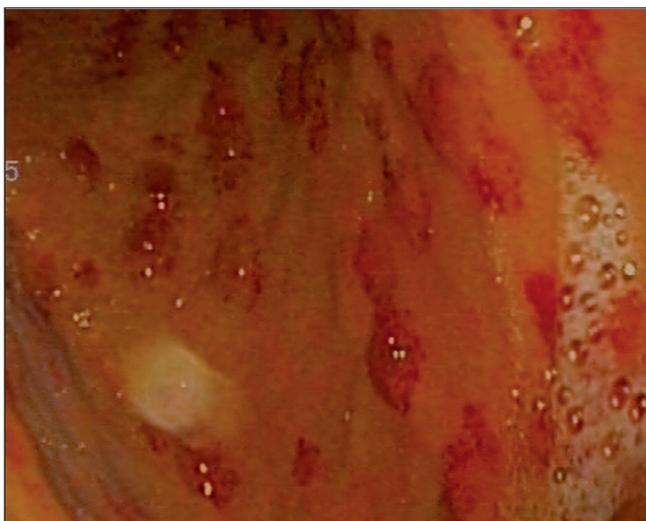


Fig. 2. Purplish popular lesions at the stomach responsible of upper gastrointestinal bleeding, comparable with Kaposi's sarcoma.

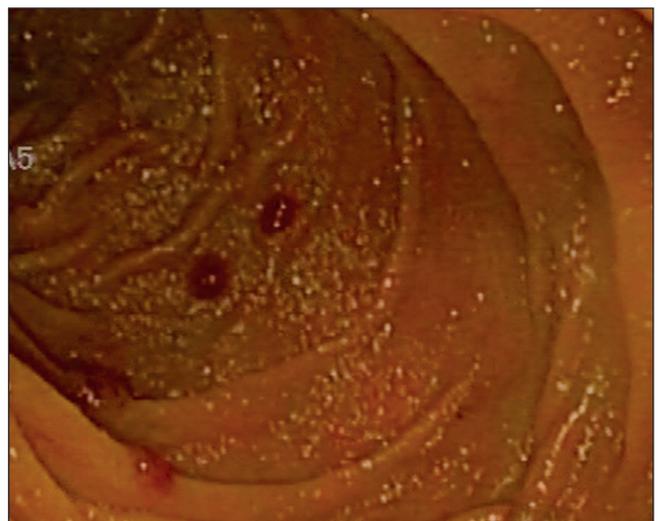


Fig. 3. Duodenal involvement with s-small purplish lesions due to Kaposi's sarcoma.

DISCUSSION

Kaposi's sarcoma is a vascular tumor described first in 1872. It is associated with the immunosuppressive state in patients affected by infection with HIV. It usually appears as small purplish cutaneous lesions although it can affect other mucosa, organs and lymphatic system. *Postmortem* studies suggest the presence of visceral involvement in more than 75% of the cases, being the lungs and gastrointestinal tract the most common ones. It can affect any part of the digestive tract, from the oropharynx to the rectum. They have been described cases of hepatic, splenic and pancreatic disease (1). Gastrointestinal Kaposi's sarcoma frequently has a silent clinical course although it can cause abdominal pain, gastrointestinal bleeding and intestinal obstruction (2). Endoscopically it can presents as a purplish nodule, a polipoid mass or a hemorrhagic macule (3).

REFERENCES

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