Kaposi Sarcoma Presenting as Small Bowel Obstruction

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INTRODUCTION

Kaposi sarcoma is the most common tumor seen in AIDS with typical findings of cutaneous lesions. Previous reports have shown that 10-66% of those patients with skin lesions also had systemic disease[1]. While gastrointestinal involvement is not uncommon, it is often asymptomatic and as such, thought to be underdiagnosed. Usually, Kaposi Sarcoma of the bowel is diagnosed as an incidental finding seen on imaging[2]. We present a case of Kaposi Sarcoma presenting with obstruction and concern for bowel ischemia.

CASE PRESENTATION

Patient is a frail 28-year-old transgender male to female with HIV/AIDs who presented to the ED with one day of abdominal pain. History was limited as patient was uncooperative. Physical exam significant for cachexia, skin changes compatible with skin type Kaposi's Sarcoma, abdominal distention and peritonitis. CT abdomen and pelvis showed multiple dilated small bowel loops with questionable transition zone and swirling of mesentery (Fig 1-2).

Patient was emergently taken to the operating room for exploratory laparotomy. Intraoperative findings consisted of 3 ileal tumors spanning approximately 40cm around 45 cm proximal to cecum with significant lymphadenopathy (Fig 3-4).

A palliative procedure was done with all 3 tumors resected en bloc, an end ileostomy and mucous fistula created. Patient had an uncomplicated post-op course and was eventually discharged to rehab. Unfortunately, patient was lost to follow up. Final pathology showed malignant vascular tumor with extensive ulceration involving all layers of bowel wall, positive staining for CD-34 & HHV-8 consistent with Kaposi Sarcoma.



Fig 1 and 2: CT findings of dilated small bowel loops, swirling of mesentery

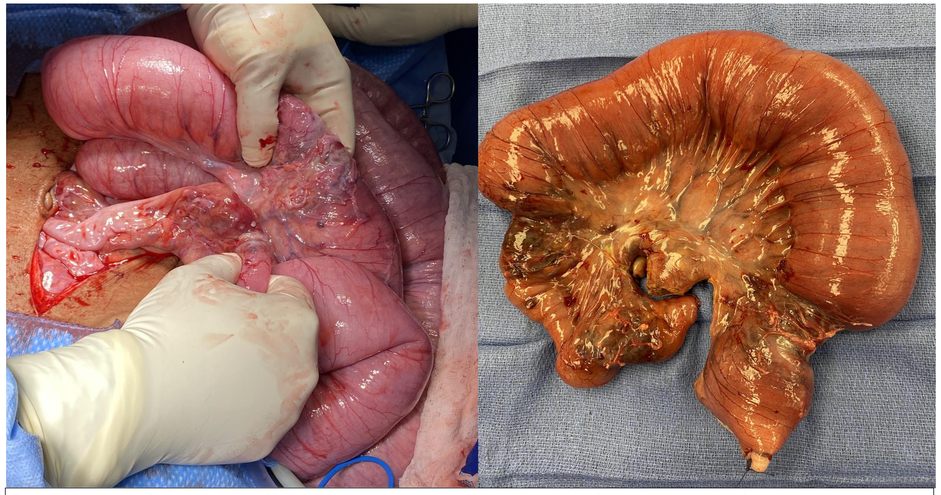


Fig 3 and 4: Intraoperative findings of 3 small bowel tumors resected en bloc

DISCUSSION

- Kaposi's sarcoma of the small bowel is an uncommon entity seen mostly affecting advanced, immunosuppressed HIV-positive patients (CD4 count <150, viral load >10K)[1].
- The gastrointestinal tract (mainly small bowel and stomach) is the third most common site of Kaposi's sarcoma after skin and lymph nodes[2].
- Unfortunately, GI manifestations are often clinically silent with symptoms appearing in advanced lesions. Symptoms can range from being vague abdominal pain/ discomfort anorexia, or weight loss to intussusception, perforation or in our case obstruction[2].
- The prognosis for visceral Kaposi is low with mean survival of < 2 years after diagnosis[3].
- Treatment options include HAART and systemic chemotherapy with agents such as liposomal doxorubicin[4]
- Surgical management remains controversial but indicated in bowel obstruction, perforation or ischemia

CONCLUSION

Kaposi sarcoma should be included in the differential diagnosis of small bowel obstruction in patients with AIDs. While this extent of progression of GI Kaposi sarcoma is rare, high index of suspicion and perhaps increased endoscopic screening is warranted when dealing with this vulnerable demographic.

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