

Attention to Details: A Case of Chronic Diarrhea and Kaposi Sarcoma

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Citation: Giordana S, Bonfanti E, Fenoglio LM, Bracco C, Silvestri A, et al. (2018) Attention to Details: A Case of Chronic Diarrhea and Kaposi Sarcoma. Ann Case Rep: ACRT-181. DOI: 10.29011/2574-7754/100081

Received Date: 30 April, 2018; **Accepted Date:** 04 May, 2018; **Published Date:** 11 May, 2018

Keywords: Diarrhea; HIV; Kaposi sarcoma

Case Report

A 71 years old man came to our attention for chronic diarrhea, weight loss, intense weakness, fever and dyspnea. He was affected by hypertension and peripheral vasculopathy. He was admitted two times in the last year because of chronic diarrhea of unknown origin. The physical examination pointed out overweight (BMI 28), basal-bilateral pulmonary crackles, hyperplasia-hyperkeratosis bluish injuries on malleolar regions (Figure 1).



Figure 1: Kaposiform lesion- surrounding violaceous, pigmented nodules in the arch of the foot.

On laboratory tests there were good renal, hepatic and pancreatic functions. Thyroid asset was regular, culture tests were all negative; there wasn't malabsorption disease. Colonoscopy showed an aspecific colitis.

In relation to the inferior extremities Kaposiform lesions, a biptic withdrawal was collected. It presented with surrounding violaceous, pigmented nodules in the arch of the foot. HIV

serological test was requested. ELISA test was positive and Western Blot confirmed it.

Kaposi Sarcoma was confirmed by biptic exam on cutaneous lesions. Aspecific aspects suggestive for inflammation and glands atrophy was demonstrated by intestinal withdrawal histological test. With retroviral therapy, three months later, diarrhea was completely receded, while cutaneous lesions were the same.

Kaposi Sarcoma (KS) is a vascular tumor associated with herpesvirus 8 infection. Kaposi sarcoma lesions predominantly present at mucocutaneous sites, but may involve all organs and anatomic locations. Epidemiologic-clinical forms of KS include classic, African (endemic), AIDS-associated (epidemic), and iatrogenic KS. New clinical manifestations have been described, such as antiretroviral therapy-related KS regression or flares. Kaposi sarcoma lesions evolve from early (patch stage) macules into plaques (plaque stage) that grow into larger nodules (tumor stage) [1]. Since KS remains one of the most common AIDS-defining malignancies, it is important that clinicians be able to recognize it [2]. This case furthermore confirms the difficulty to determine the etiology of persistent diarrhea.

The American Gastroenterological Society guidelines suggest to screen for HIV infection all patients with chronic diarrhea. It's important to screen old patients too: actually epidemiological data evidence that HIV infection is increasing in incidence in people with more than 50 year old [3]. In developing countries, persistent (>7 days) diarrhea affects up to 95% of persons with AIDS, frequently causing malabsorption, significant weight loss, higher rates of extraintestinal opportunistic infections and increased mortality.

There is a myriad of etiologies (infections, bowel neoplasms, IBD, therapy, etc.) of chronic diarrhea in HIV positive patients, but

sometimes it remains uncertain (>50% of cases) [4]

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