Facial-oro-pharyngeal Kaposi Sarcoma in a HIV-seropositive man

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Key words: HIV, AIDS, Kaposi sarcoma, facial edema, oropharyngeal

(Intern Med 51: 2989-2990, 2012)

(DOI: 10.2169/internalmedicine.51.8620)

A 26-year-old man with dysphagia and a swollen lymph node in the neck presented at the Department of Hematol-

ogy. He also demonstrated cheek and facial edema with difficulty in opening his eyes. He was diagnosed to be seropositive for the human immunodeficiency virus (HIV) (CD4 221/ μ L, HIV-RNA PCR 22,000 copy/mL) at this time. Tumor lesions were found extending under the facial skin (Picture 1), neck lymph nodes and oropharynx on magnetic resonance imaging (MRI). His epiglottis was found to be compressed by a tumor using a nasal fiber scope (Picture 2). A lymph node biopsy revealed Kaposi sarcoma (KS). No opportunistic infections were found. Liposomal-doxorubicin (LD) was administered to prevent airway blockage due to KS. His facial-oro-pharyngeal KS and facial edema both resolved completely after administering antiretroviral therapy (ART). Men are usually less likely than women to present with lesions of the face in such conditions (Men: Women= 15% : 32% ; (OR) 2.8, 95%(CI) 1.4-5.7, $p=0.005$) (1). The rate of HIV-seropositive KS has decreased approximately 5-fold since the introduction of ART (2).

Picture 1.

Picture 2.

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Received for publication July 17, 2012; Accepted for publication July 24, 2012

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The authors state that they have no Conflict of Interest (COI).

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