

## Isolated gastric Kaposi's sarcoma

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A 47-year-old male patient presented with a 6-month history of epigastric pain, anorexia, weight loss of 10 kg, and night sweats. He confirmed engaging in high-risk sexual behavior. Physical examination was unremarkable, except for mild epigastric tenderness on abdominal palpation. Upper endoscopy revealed friable erythematous nodules in the gastric body (Fig. 1A) and antrum (Fig. 1B). Histology showed submucosal proliferation of spindle-shaped cells with little pleomorphism and vascular slits containing extravasated erythrocytes suggestive of Kaposi's sarcoma (KS) (Fig. 2A). Immunohistochemical detection of human herpes virus 8 (HHV 8) confirmed the above diagnosis (Fig. 2B). Human immunodeficiency virus (HIV) infection was documented (viral load 117,655 copies/mL, CD4 count 161 cells/ $\mu$ L). The patient started antiretroviral therapy and completed 6 cycles of liposomal doxorubicin. At 12-month follow up he was asymptomatic and his HIV RNA viral load was undetectable, CD4 count was 261 cells/ $\mu$ L and upper endoscopy revealed KS lesions in regression.

KS is the most prevalent malignancy in patients with acquired immunodeficiency syndrome. KS is a multifocal, vascular tumor of low-grade malignant potential associated with HHV8 infection [1]. It most commonly involves mucocutaneous sites, but visceral involvement is present in nearly half of untreated HIV-infected patients and may occur without skin lesions. Gastrointestinal KS may represent a risk factor for a negative clinical outcome. The majority of patients are asymptomatic and for this reason gastrointestinal KS remains undiagnosed [2]. Submucosal localization

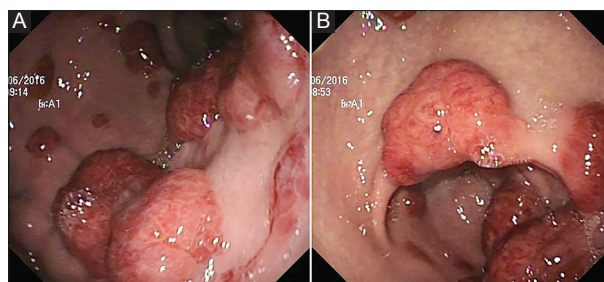
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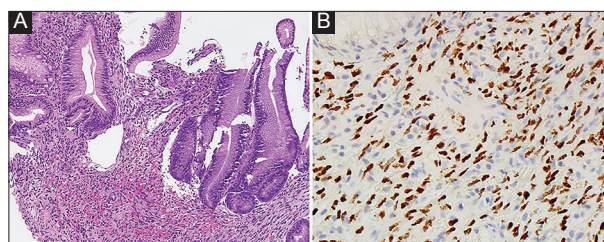
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**Figure 1** Friable erythematous nodules in gastric body (A) and antrum (B) during an upper gastrointestinal endoscopy



**Figure 2** (A) Submucosal proliferation of spindle-shaped cells with little pleomorphism and vascular slits containing extravasated erythrocytes suggestive of Kaposi's sarcoma (hematoxylin and eosin stain). (B) Immunohistochemical detection of human herpes virus 8, confirming diagnosis

contributes to a low histopathological diagnostic yield [3], which enhances the importance of recognizing its classic endoscopic features.

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