

Video capsule endoscopy in the diagnosis of gastrointestinal Kaposi's sarcoma



Figure 1 A computed tomographic scan of the abdomen showed thickening of the stomach wall.

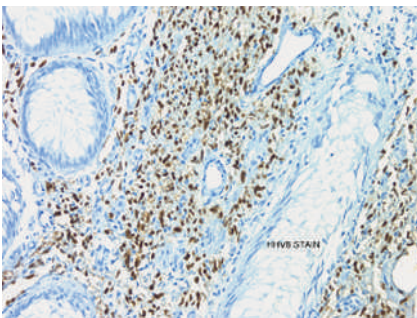


Figure 3 Immunohistochemical testing for human herpes virus 8 (HHV-8) showed a strong positive reaction.

A 47-year-old Hispanic man who had no significant past medical history was admitted to the Wyckoff Heights Medical Center with nausea and headache, which were followed by seizures. The patient had had significant weight loss and an abdominal computed tomographic scan revealed thickening of the stomach wall (▶ **Figure 1**). The patient initially refused upper endoscopy but agreed to undergo video capsule endoscopy, which showed lesions suggestive of Kaposi's sarcoma in the small bowel (▶ **Figure 2**). He subsequently agreed to undergo upper endoscopy for biopsy of the lesion and this examination revealed purplish nodular lesions in the esophagus, stomach, and duodenum. Push-enteroscopy showed typical Kaposi's lesions in the jejunum (▶ **Figure 3**). A biopsy of one of the lesions showed spindle-cell proliferation with vascular splits, an appearance consistent with a diagnosis of Kaposi's sarcoma (▶ **Figure 4**). Immunohistochemical

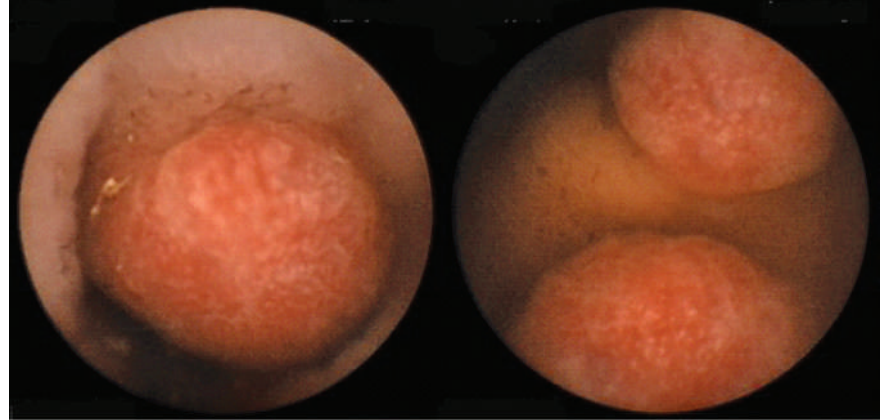


Figure 2 Small-bowel capsule endoscopy showed typical Kaposi's sarcoma lesions.

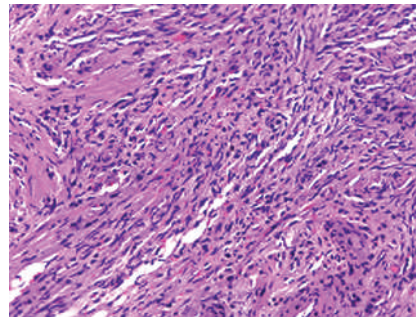


Figure 4 A high-power histological view of a biopsy specimen of one of the Kaposi's sarcoma lesions.

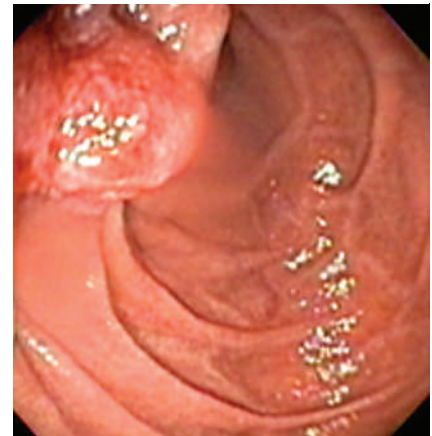


Figure 5 Push-enteroscopic view showing a Kaposi's sarcoma lesion in the jejunum.

testing for human herpesvirus 8 (HHV-8) showed a strong positive reaction (▶ **Figure 5**). The patient was subsequently found to have a very low absolute CD4 count and he tested positive for human immunodeficiency virus, with a high viral load. The patient was started on highly active antiretroviral therapy (HAART) and was feeling much better when seen on follow-up 2 weeks later.

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Bibliography

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