Kaposi’s Sarcoma - Pulmonary


Key Points:
• Consider pulmonary KS in differential of patient with respiratory symptoms / fever, but usually with preceding mucocutaneous lesions
• 2/3 of patients with known KS who present with new pulmonary findings actually have coexisting OI

Kaposi’s Sarcoma
• HHV-8
• Male > female
• Classical: slowly progressive (10-15 years), cutaneous lower extremity, Western European Jewish population and equatorial Africa
• AIDS-associated: more often lymph nodes and GI tract than classical
  o No universally accepted classification or staging system
• Prognosis: multiple confounding factors
  o CD4 > or < 200
  o Good: confined to skin and/or lymph nodes, and/or minimal (nonnodular) oral KS, no B symptoms, no history of OI or thrush
  o Poor: visceral KS, bulky oral KS, or tumor associated edema, poor performance status
• Surveillance for progression to visceral KS: did not find data on methods or intervals for surveillance

Pulmonary KS
• Lung: usually with extensive mucocutaneous disease, rarely isolated pulmonary without other manifestations
• Incidence before HAART (based on minimal data): 10% of patients with AIDS, 25% of patients with cutaneous KS, 50% of postmortem
• Clinical: dyspnea, cough, fever, night sweats, variable rates of hemoptysis, hoarseness / stridor
• Findings:
  o KS plaques or nodules in tracheobronchial tree and parenchyma
  o Exudative pleural effusions without malignant cells (usually with underlying infection or other disease)
• Imaging: bronchial wall thickening and speculated lesions, nodular infiltrates, lymphadenopathy
  o Negative on gallium scanning
• Bronchoscopy: 45-73% sensitivity, poor yield on biopsy, alveolar hemorrhage not sensitive or specific, poor yield on open lung biopsy
• Prognosis poor: absence of cutaneous KS, prior OIs, CD4 <100, leucopenia and anemia, and large pleural effusions
• Treatment:
  o Combination chemotherapy: adriamycin, belomycin, vincristine or vindesine (ABV); daunorubicin and doxorubicin liposomal; paclitaxel, interferon?
  o Radiation
  o Surgical or electrode siccation / curettage: solitary or localized lesions
  o HAART

AIDS-related alveolar hemorrhage
• Vincent et al Chest 2001: review of all BAL on HIV+ patients with pulmonary symptoms and/or fever
  o Alveolar hemorrhage was mostly occult or mild in this series
  o Underlying disorders:
    - Pulmonary KS
    - CMV pneumonia
    - Hydrostatic pulmonary edema
    - Thrombocytopenia
  o Risk factors:
    - Male
    - Homosexual transmission
    - Mucocutaneous KS