Pulmonary and cutaneous nodules in an immunocompromised patient

CLINICAL PRESENTATION
A 74-year-old man was admitted to hospital due to dyspnoea, malaise and purple, plaque-like papular nodules on his hands (figure 1A), soles (figure 1B) and genitalia for a duration of 1 month. He reported a 5-month history of systemic corticosteroid use for treatment of giant cell arteritis. Laboratory tests disclosed severe lymphopenia and hypogammaglobulinaemia. Pancultures and serological tests were negative, including repeated HIV serology. Contrast-enhanced CT of the chest (2.5 mm slice thickness) demonstrated multiple bilateral solid pulmonary nodules with peribronchovascular distribution and a cavitating nodule in the left lower lobe (figure 1C). Abdominal CT revealed multiple hepatic ring-enhancing lesions (figure 1D). A bronchoscopy for inspection, bronchoalveolar lavage and transbronchial biopsies was discussed but deemed difficult to be performed safely due to the worsening respiratory status of the patient.

QUESTION
What is the diagnosis?
See page 1108 for the answer

Panagiotis J Vlachostergios,1,2 Spiros Karamagkiolis,1 Konstantinos Karamitsos1
1Department of Internal Medicine, General Hospital of Larissa, Larissa, Greece; 2Department of Medical Oncology, University Hospital of Larissa, University of Thessaly School of Medicine, Larissa, Greece

Correspondence to Dr Panagiotis J Vlachostergios, Department of Medical Oncology, University Hospital of Larissa, University of Thessaly School of Medicine, Biopolis 41110, Larissa, Greece; pvlacho@med.uth.gr

Competing interests None.

Contributors PJV and SK treated the patient and drafted the article. KK critically revised the manuscript.

Provenance and peer review Not commissioned; externally peer reviewed.

Published Online First 6 October 2011

Figure 1 Papules and nodules on hands (A) and soles (B). (C) Chest CT scan showing multiple bilateral solid pulmonary nodules with peribronchovascular distribution and a cavitating nodule in the left lower lobe. (D) Abdominal CT scan showing multiple hepatic ring-enhancing lesions.
Chest clinic

Contributors BSQ wrote a portion of this work and revised and reviewed this work. CHG wrote the other portion of this work and revised and reviewed this work.

Provenance and peer review Not commissioned; internally peer reviewed.

REFERENCES

Pulmonary puzzle

ANSWER
From the question on page 1103
A CT-guided percutaneous core needle biopsy of the left lower lobe cavitary nodule and a skin biopsy were performed. Pathological findings in both cases showed spindle-shaped cells with vascular channels (figure 2A) positive for human herpes virus 8 immunostaining (figure 2B). A final diagnosis of Kaposi’s sarcoma (KS) was established, in the absence of positive cultures or suppression can be significant even at moderate doses, as evidenced in this case and a previous report of non-HIV KS in an old person with giant cell arteritis.

Figure 2 High-power photomicrographs of left lower lobe cavitary nodule, showing spindle-shaped cells with vascular channels (A) and positive nuclear immunoreactivity for HHV-8 stain (B). HHV, human herpes virus.

be associated with KS only after other causes, particularly infection, have been ruled out, as in this case. KS should not be thought of as exclusively associated with HIV infection. The emergence of KS in non-HIV persons is a rare but existent clinical condition, involving classic Mediterranean, endemic African and the iatrogenic form in patients on immunosuppressive medications as in this case. Corticosteroid immunosuppression can be significant even at moderate doses, as evidenced in this case and a previous report of non-HIV KS in an old person with giant cell arteritis.


REFERENCES