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CLINICAL CASE

A 37-year-old male with a history of HIV infection and cutaneous Kaposi's sarcoma treated with chemotherapy years ago, achieving complete resolution. The patient demonstrates good adherence to antiretroviral therapy, with an undetectable viral load and CD4 lymphocyte count of 200 cells/mm³.

He presents with a one-year history of diarrhea characterized by eight bloody stools per day, rectal tenesmus, abdominal pain and weight loss. Laboratory tests and stool cultures were unremarkable, except for an elevated calprotectin level of 800 µg/g.

Colonoscopy revealed multiple non-specific ulcers covered with fibrin and surrounded by an erythematous-violaceous border, distributed throughout the colon. Some ulcers exhibited a nodular and excrescent appearance. Biopsies and microbiology samples were obtained. Gastroscopy revealed ulcers with similar characteristics in the stomach, which were also biopsied. (figure 1)

Histopathologycal analysis confirmed positive immunohistochemistry for HHV-8, with no evidence of other infections, leading to a diagnosis of Kaposi's sarcoma with intestinal involvement. The patient was treated with paclitaxel, achieving significant clinical improvement and resolution of the lesions.

DISCUSSION

Visceral Kaposi's sarcoma typically affects HIV patients with CD4 counts below 100 cells/mm³. However, this case demonstrates the importance of considering Kaposi’s sarcoma in patients with higher CD4 levels when clinical presentation and endoscopic findings are suggestive. In cases of inconclusive diagnosis, repeated biopsies with specific instructions for the pathologist may be necessary.

Kaposi's sarcoma with gastrointestinal involvement often presents with diarrhea and abdominal pain which may not be accompanied by cutaneous manifestations. The typical endoscopic appearance includes erythematous polypoid lesions, occasionally large or flat erythematous plaques. This case is notable for its atypical presentation as ulceration.

The role of endoscopy in the diagnosis of gastrointestinal Kaposi's sarcoma has been highlighted in recent literature. González-Ballesteros et al. describe the classic endoscopic manifestations of this disease, emphasizing the importance of histopathological evaluation for confirmation. However, as observed in our case, it is essential to recognize atypical presentations, such as ulceration, which may delay diagnosis if not considered within the clinical spectrum of the disease. Furthermore, targeted biopsies from the edges of ulcers or nodular lesions are crucial to improve diagnostic yield, as these areas are more likely to contain viable tumor cells. Diagnosis is established through endoscopic biopsies demonstrating HHV-8 positivity and additional immunohistochemical markers such as CD34, CD31 and D2-40. Treatment includes effective HIV management with antiretroviral therapy and systemic chemotherapy, such as liposomal doxorubicin, paclitaxel or antiangiogenic drugs (e.g., bevacizumab) in cases with visceral involvement.

REFERENCES

1. Olanipekun T, Kagbo-Kue S, Egwakhe A, Mayette M, Fransua M, Flood M. Lower Gastrointestinal Kaposi Sarcoma in HIV/AIDS: A Diagnostic Challenge. Gastrointest Tumors. 2019 Aug;6(1-2):51-55. doi: 10.1159/000500140.
2. Carmo J, Marques SC, Bispo M, Pinto D, Chagas C. Clinical and Endoscopic Features of Gastrointestinal Kaposi Sarcoma: A Single-Center Portuguese Experience over the Last Decade. GE Port J Gastroenterol. 2017 Sep;24(5):219-226. doi: 10.1159/000461592. Epub 2017 Apr 11. PMID:

29255756; PMCID: PMC5729958.

3. Gonzalez-Ballesteros P, de la Mora Levy JG, Amaya-Fragoso E, Sánchez Jiménez BA. The role of gastrointestinal endoscopy in Kaposi sarcoma. Rev Esp Enferm Dig. 2023 Dec;115(12):724-725. doi: 10.17235/reed.2023.9534/2023. PMID: 36866841.

FIGURES

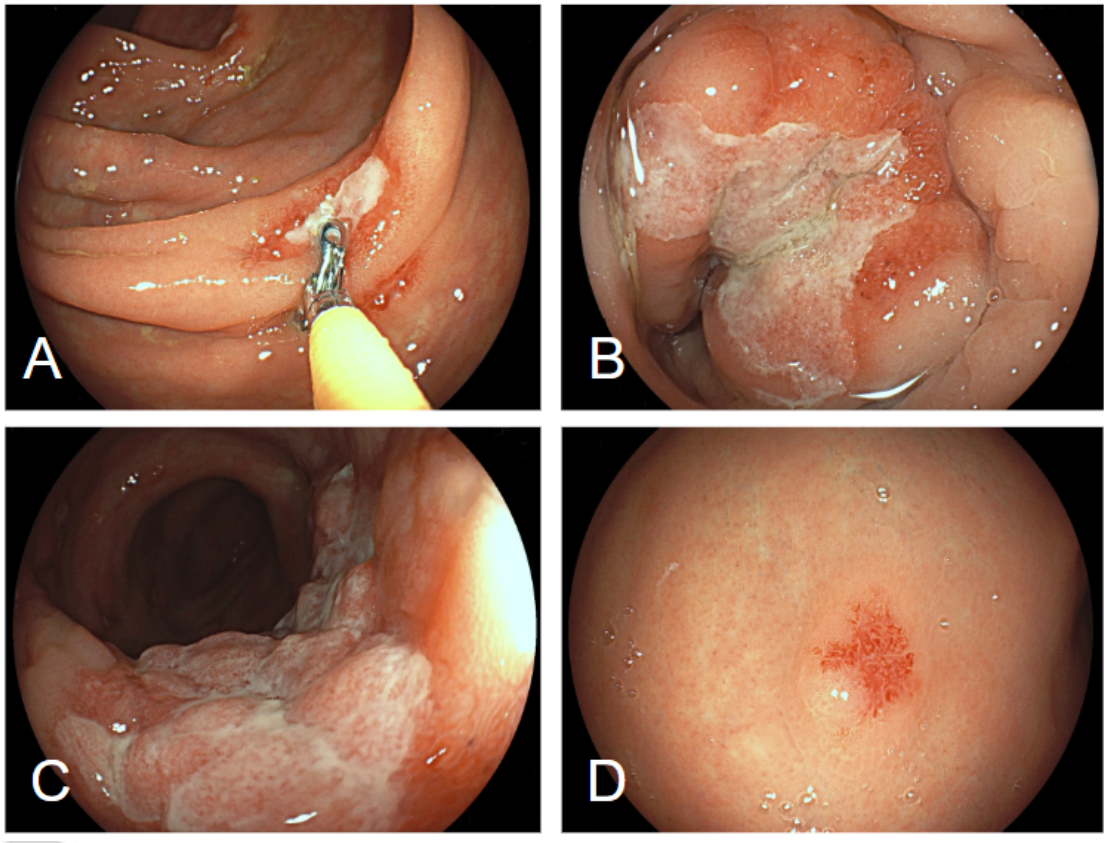

Figure 1. Endoscopic images. A, B, C: colon mucosa with multiple ulcers and erythematous edges. D. Gastric mucosa with isolated ulcer.