CASE OF THE MONTH: Kaposi's Sarcoma and the rest.....

Telephone call from Dr Mark Griffiths at 8.00am Friday morning to Dr O'Mahony:-

"Saw a patient last night in clinic. Looks like Kaposi's Sarcoma to me. I've been to enough of your talks to recognise it! I have asked him to come in this morning at 9.00am and we'll do some bloods." I said, "No need, tell him to come straight to us."

On examination, he had multiple lesions of Kaposi's Sarcoma all over the trunk, also ominously including the palate. He is a gay man from down south, visiting parents in Chester. Dr Griffiths had put him on Flucloxacillin as there was a large oozing lesion on the right buttock. I did a full STD screen including swabs for syphilis and herpes from the oozing lesion and anal margins. I told the patient it was HIV related Kaposi's Sarcoma. I telephoned him later, as arranged, to tell him about his positive HIV test and also syphilis. Hep B core also positive. Also noted, was neutropenia and Gamma GT of nearly 1000 and he has a history of alcohol abuse.

I saw him again on Monday morning and he was given Benzathine Penicillin for syphilis. The buttock lesion had improved enormously and was now dry and crusted (see image).

There were still small discrete herpetic ulcers, see image. I knew I would have a herpes PCR result within 24 hours so I held off on the Aciclovir. He was heading back down south Tuesday morning so I gave him the address of the local clinic and I telephoned my HIV colleagues there to explain the situation. His T4 count is only 42 (1%) and viral load 650,000. His rectal chlamydia swab was also positive and I have requested LGV testing on this. He was seen Wednesday afternoon in the HIV clinic down south and they admitted him as he now had a temperature of 38.

Regarding HAART, he is a complicated case because he will need drugs which won't tax his delicate liver. In view of the extensive Kaposi's Sarcoma, he may need cytotoxic chemotherapy as well so HIV drugs which do not impinge on the kidneys would also be essential. A reasonable choice would be Raltegravir / Kivexa.

This case indicates a good level of knowledge in Chester General Practice due to continuous education. It also indicates how difficult it is to actually prevent late diagnosis of HIV. This patient, although a gay man from down south, had never had an STD screen despite being in his 40s – what more can you do?

Colm O'Mahony