Misdiagnosed: A Sigmoid Perforation Secondary to Visceral Kaposi Sarcoma

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Introduction

- Kaposi Saroma is a vascular neoplasm associated with Human Herpesvirus 8 (HHV8), and is classified as an AIDS-defining malignancy
- Large bowel perforations are a surgical emergency with a 15% mortality rate
- Common etiologies of LBO include trauma, malignancy, diverticulitis, ischemia, inflammation

Case Presentation

- 53yo M, PMHx of HIV presenting with weight loss, abdominal pain, constipation
- CT revealed polypoid lesion (Figure 1B/C) and flexible sigmoidoscopy revealed stenosis with biopsies returning as an inflammatory stricture (Figure 1A)
- The patient re-presents to the ED one month later in extremis and proceeded directly to the operating room
- Underwent exploratory laparotomy and Hartman's procedure, with a 1cm sigmoid perforation and feculent ascites
- Post-Operative course complicated by prolonged ileus and a surgical site infection

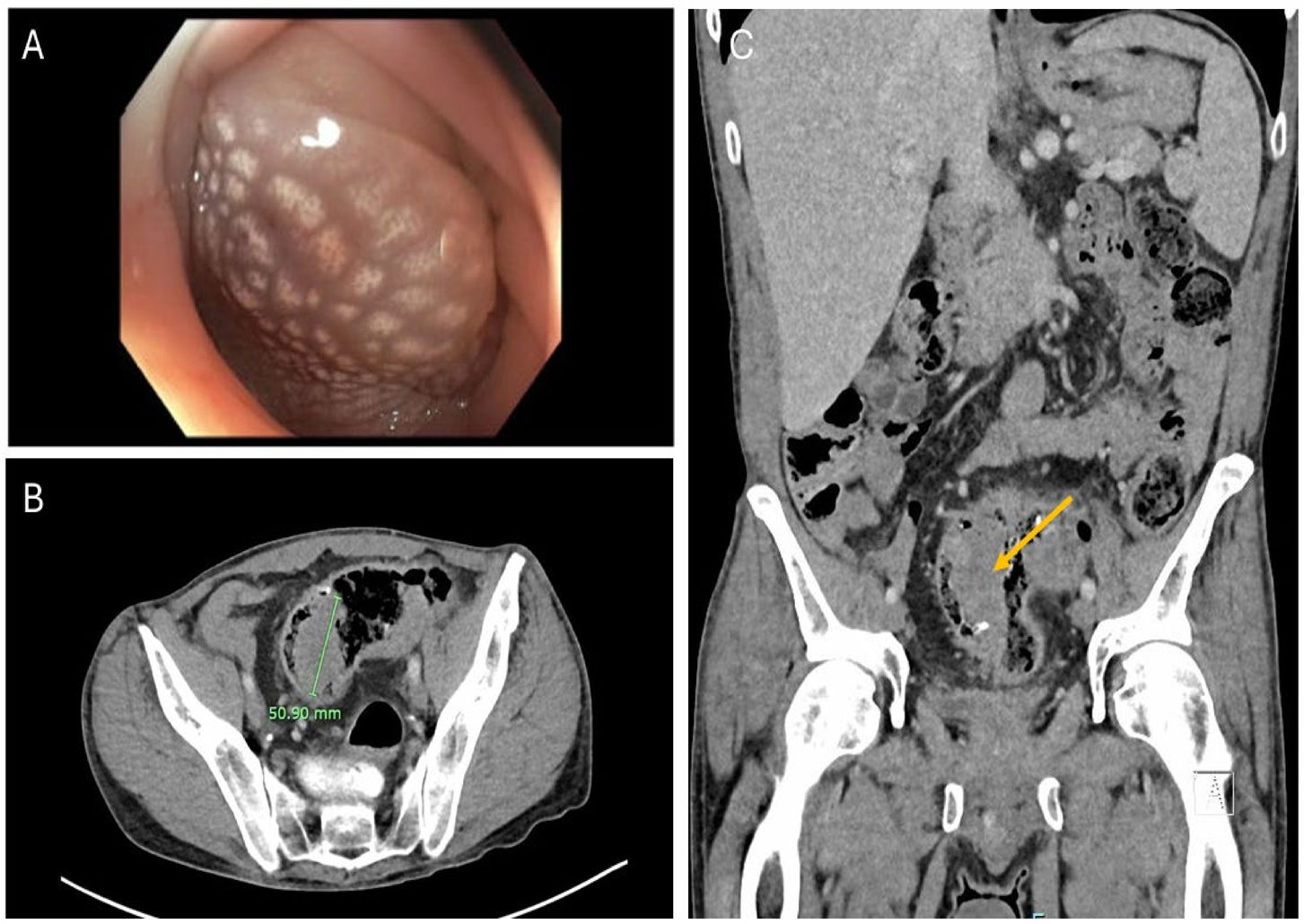

Figure 1: Endoscopic and Cross-Sectional Imaging of a patient with visceral Kaposi's Sarcoma. A) Flexible sigmoidoscopy with 10cm polypoid mass causing a stricture approximately 20cm proximal to the anal verge. **B)** Axial and **C)** Coronal cross-sectional imaging of the polypoid lesion causing partial large bowel obstruction in our patient.

Conclusions

- This case highlights the misdiagnosis of Kaposi Sarcoma, leading to colonic perforation
- This scenario showcases the importance of a thorough workup for colonic strictures
- This case highlights the importance of anti-retroviral treatment (ART) in patients with HIV

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