Endobronchial Kaposi’s sarcoma

A 40-year-old homosexual man with human immunodeficiency virus and previous Pneumocystis carini pneumonia, was admitted with dyspnoea and unproductive cough. He also had numerous cutaneous Kaposi’s sarcoma lesions, and previously had been successfully treated for pharyngeal Kaposi’s sarcoma with radiotherapy.

Chest X-ray (figure 1) showed multiple, rounded, nodular opacities. Bronchoscopy showed multiple, well-demarcated, ‘cherry red’ slightly raised lesions in the distal trachea, left and right upper lobes (figure 2). Bronchoalveolar lavage was negative for infection and malignancy. Biopsies were not taken. Treatment with liposomal dounorubicin resulted in slight clinical but no radiological improvements.

Figure 1  Chest X-ray

Figure 2  Bronchoscopy of (A) left upper lobe and lingua, and (B) distal trachea

SALIM MEGHJEE
IRFAN HOFEEZ
EMILE LI KAM WA
STANLEY PEARSON
Department of Anaesthetics, York District Hospital,
York YO3 7ZZ, UK

Accepted 21 January 1998
Images in clinical medicine. Endobronchial Kaposi's sarcoma.

S. Meghjee, I. Hoofeez, E. L. Wa and S. Pearson

Postgrad Med J 1998 74: 515
doi: 10.1136/pgmj.74.875.515

Updated information and services can be found at:
http://pmj.bmj.com/content/74/875/515.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/