Endobronchial Kaposi’s sarcoma

A 40-year-old homosexual man with human immunodeficiency virus and previous Pneumocystis carinii 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). Broncho-alveolar 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

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