



THE EVOLUTION OF A VASCULAR TUMOR WITH RAPID METASTASIS IN AN HIV-INFECTED YOUNG PATIENT. PARTICULAR OUTLINES. DIAGNOSIS ISSUES. CASE REPORT.

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Abstract. Introduction. Given the limited data on the effect of HAART on the natural history of certain malignant diseases, the therapeutic approach of an HIV-positive patient with neoplasia should be the same as that of an HIV-negative patient. **Objectives.** We present the case of a young HIV-positive patient with a vascular tumor with visceral metastases with fulminant onset and evolution. **Case report.** A 19 year-old patient with C3 stage HIV AIDS infection was urgently admitted for intense headache and sudden-onset convulsive seizures. A cerebral CT exam revealed multiple intracranial expansive processes. The patient abruptly developed flaccid paraplegia. An emergency MRI of the thoracolumbar vertebral spine was performed. The patient shortly deceased through altering of the neurologic status and through acute renal failure. An anatomopathologic exam revealed a vascular tumoral mass which compressed the cerebral hemispheres, with intense periosteal reaction. Similar disseminated tumors were identified in the liver, pancreas, kidney. **Discussions.** All HIV-positive patients with malignant diseases should undergo treatment with HAART combined with the standard oncologic therapy for the given malignant disease. The HIV-positive patients with tumors need to be offered access to the same kind of oncologic treatment as HIV-negative patients, ideally through interdisciplinary consults with infectious diseases physicians, with heightened attention to the possible interactions between chemotherapy and HAART.

Keywords: malignant diseases, HIV

Introduction.

Kaposi sarcoma (KS) rarely represents a cause of death in AIDS patients. Some of the exceptions to this rule are: pulmonary malignant tumor involvement, gastro-intestinal obstruction and other patterns of bulky diseases, such as massive edema [1,2,3].

Objectives.

We present the case of a young patient with a vascular tumor with visceral metastases with fulminant onset and evolution.

Case report.

A 19 year-old patient with C3 stage HIV AIDS infection, in the evidence of the Constanța Regional Center for 16 years, having discontinued the anti-retroviral (ARV) therapy for 8 years, was urgently admitted for intense headache and sudden-onset convulsive seizures.

The clinical exam upon admittance showed: conscious patient, with altered sensory response,

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difficulty in answering simple questions. As evident clinical modifications, we noted the emergence of sporadic subcutaneous nodules with low (cystic) consistency, located on the anterior and posterior thorax. The patient described the nodules as rupturing subcutaneously upon vitropressure, generating a localized ecchymosis with intact overlying skin (figure 1).

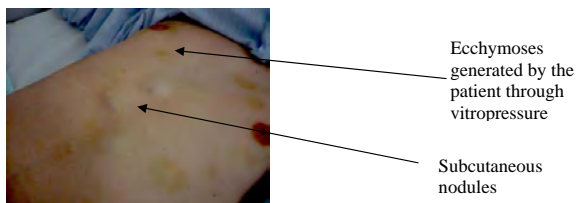


Figure 1. Subcutaneous nodules and ecchymoses revealed upon clinical examination of the patient

A cerebral CT exam revealed multiple intracranial expansive processes (meningiomas under observation) – figure 2 – with recommendation for immediate neurosurgery.

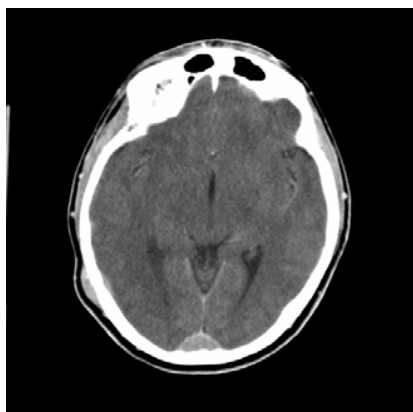


Figure 2. Multiple meningiomas revealed upon cerebral CT examination

After 2 days, the patient developed flaccid paraplegia, although the neurologic clinical examination showed present bilateral patellar and Achilean osteo-tendinous reflexes.

An emergency MRI of the thoracolumbar vertebral spine was performed, revealing: T2 isosignal posterior intradural extramedullary mass, located in the region of the T3-T5 vertebrae. The tumor was well delimited and exerted a mass effect on the spinal cord, with present demarcation interface. Another similar tumor mass was identified in the

region of the T7 - T10 vertebrae. Another similar T2 isosignal image was located in the region of the L2 vertebra.

Over the following 2 days, the patient's neurologic status rapidly degraded (an acute renal failure superposing the existing neurologic altering), the patient entering a comatose state and deceasing the following day.

The anatomopathologic exam revealed the following macroscopic changes: figures 3-9.



Figure 3. Anatomopathologic appearance of the vascular tumor mass



Figure 4. Anatomopathologic piece prelevated from the vascular tumor area

Discussions.

The anatomopathologic pieces revealed the vascular tumoral mass (figure 3) located between the cranial cavity and the dura mater (figure 4), which compressed the cerebral hemispheres, with intense periosteal reaction (figure 5). Similar disseminated tumors were identified in the liver, pancreas, kidney (figure 6).

The patient was under ARV therapy with Kaletra

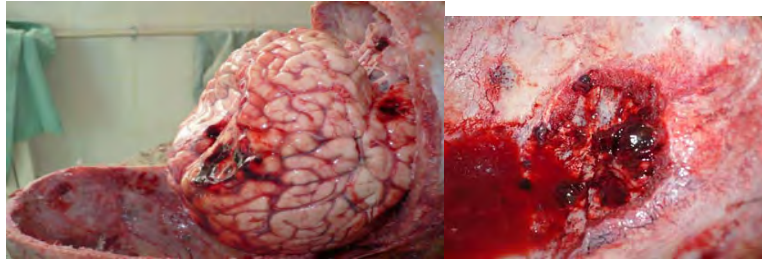


Figure 5. Anatomopathologic aspect – periosteal reaction generated by the vascular tumor mass



Figure 6. Anatomopathologic cross-section aspect of the kidney



Figure 9. Anatomopathologic aspect – crushed subcutaneous nodules

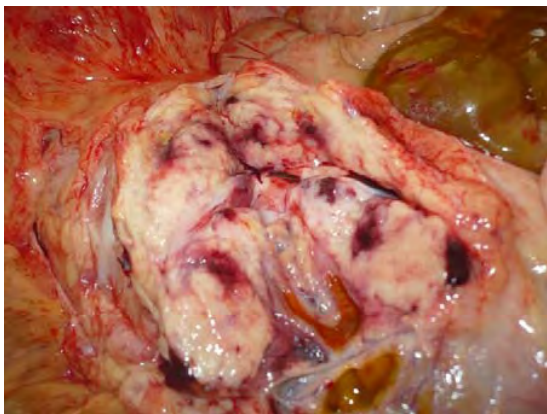


Figure 7. Anatomopathologic piece

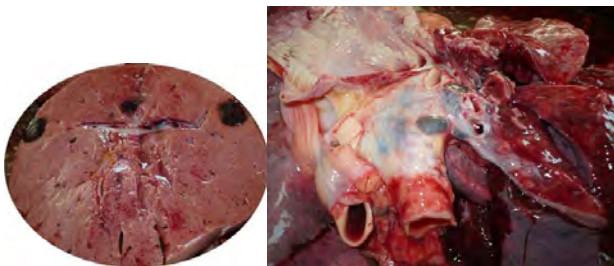


Figure 8. Anatomopathologic appearance of the vascular nodules

+ CBV (Combivir), with a CD4 count of 68 cells/mm³, viral load under 50 copies/ml. The fulminant evolution of the vascular tumor with rapid metastasis did not permit a rapid diagnosis and an efficient etiologic treatment, although the most frequent vascular tumors were taken into consideration as differential diagnosis: Kaposi sarcoma, hemangioma, angiokeratoma, pyogenic granuloma, glomus tumor.

A surgical intervention, though beneficial in limiting the compression of the cerebral hemispheres (compression which inflicted dramatic consequences on the patient's evolution), was unattainable.

Conclusions: So far, the field literature offers proof that the HAART therapy can adjust the natural history of certain cancers, not influencing others.

Given the limited data on the effect of HAART on the natural history of certain malignant diseases, the therapeutic approach of an HIV-positive patient with neoplasia should be the same as that of an HIV-negative patient.

Therefore, all HIV-positive patients with malignant diseases should undergo treatment with

HAART combined with the standard therapy for the given malignant disease. In Constanța, in order to offer such a combined treatment to the HIV-positive patients, the national HIV program needs to merge with the national oncologic program, otherwise the patients would not benefit from oncologic treatment [5].

Due to the lack of specific adequate knowledge, the current indication is that the HIV-positive patients with tumors need to be considered as HIV-negative subjects and they need to be offered access to the same kind of treatment, ideally through interdisciplinary consults with infectious diseases physicians, with heightened attention to the possible interactions between chemotherapy and HAART

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