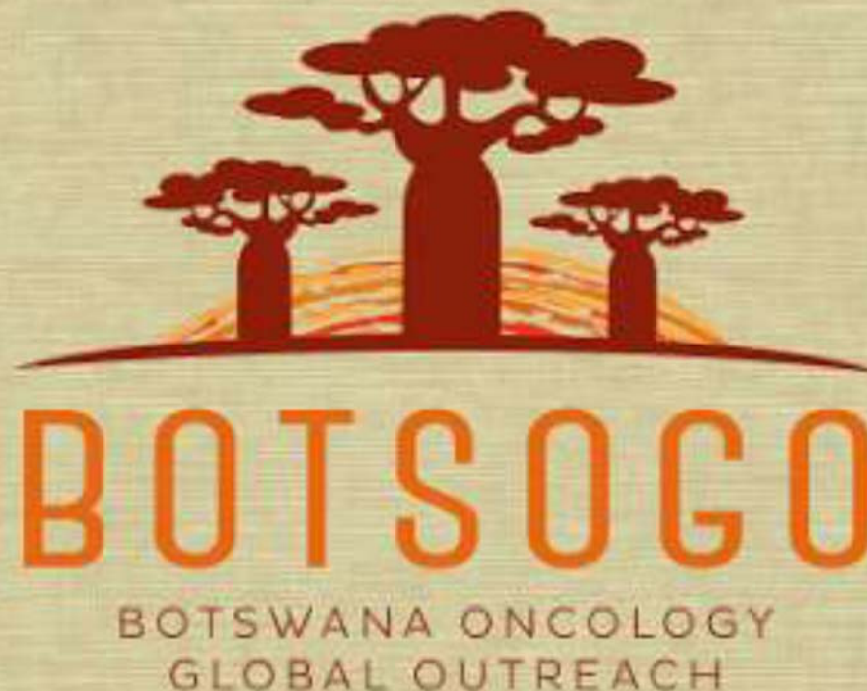


A 17 Year Old Man with Swelling and Skin Lesions on His Left Thigh

Nandan Shanbhag, M.D.

28 July, 2015



17 Yr Old Male...Well Nourished

- May 2014 - First Consultation – Oncologist called to the Medical Ward to see the patient
- O/E - Left Thigh Papular skin lesions with swelling and edema.
- Patient finds it difficult to bend the knee. Ambulatory with Crutches only.



Spectrum



Co-Morbidities

- On ARV since 2013 (as per the last record in the IPMS)



Viral Load

Date	Time	Result	Units	Comments
	13:21	< 400 ☞	cop/mL	Collected By: Has the Patient HIV? Y Clin
	Unknown	440 *H ☞	cop/mL	METHOD: NUCL PLEASE SEND A CONFIRM THE D
	11:27	☞	cop/mL	Test not perform FAILED..PLEASE
	09:08	< 400	cop/mL	
	09:15	< 400 ☞	cop/mL	Collected By: Has the Patient HIV? Y Clin
	Unknown	< 400	cop/mL	-
	09:37	510089 *H ☞	cop/mL	Clinical His Diagnosis



CD4

All 10 Years 7 Years 5 Years 2 Y				
Date	Time	Result	Units	Reference
	13:21	394 L	cells/uL	>350
	11:27	319 *L	cells/uL	>350
	09:08	593 L	cells/uL	>350
	Unknown	256 *L	cells/uL	>350
	12:45	293 *L	cells/uL	>350
	16:19	561 L	cells/uL	>250
	09:37	390 L	cells/uL	>250



Histopathology ()

- The Skin biopsy shows slitlike vascular spaces lined by spindled endothelial cells.
- Some vessels appear Lymphangiomatous without erythrocytes.
- Extravasated Red blood cells, Haemosiderin pigment present.

- KAPOSI'S SARCOMA



Treatment Received

- Received 6 cycles of chemotherapy with ABV regimen. Last cycle April 2014
 - Inj Doxorubicin $23\text{mg}/\text{m}^2$
 - Inj Bleomycin $15\text{U}/\text{m}^2$
 - Inj Vincristine $1.5\text{mg}/\text{m}^2$ (capped at 2mg)



Response

- Very good Response
- Improved Quality of Life
- Walking without crutches
- Attending school regularly
- Plays sports even (able to run)



The Come Back....Disease

- After having a disease free period for 3months (some lesions still present but no ulcerations or eruptions), patient came back with multiple skin papular lesions and was back on crutches.
- We decided to do the ABV regimen as there was a good response before.



The Paclitaxel story...

- After additional 2 cycles with ABV , response was less than Adequate.
- Patient started on Inj Paclitaxel 130mg/m²



The Paclitaxel story... (continued)

- Patient had excellent response with Paclitaxel
- Did 4 cycles with paclitaxel with good response.last cycle April 2015
- Further chemotherapy was put on hold as patient needed to be assessed for Cardiac Functions (cardiologist visits Sekgoma once a month)
- X-RAY chest -NAD



May 2015

- Fever
- Multiple Neck Nodes
- low Platelet count

Managed in the Medical ward by the Physician and discharged subsequently.



July 2015

- Cough (no expectoration)
- Abdominal Distension + (shifting dullness+)
- No organomegaly
- No neck nodes
- Serum Creatinine twice the normal limit
- Urine output good



Bloods July/15

Specimen Comment		
White Blood Count	8.18 $10^3/\mu\text{L}$ (4-10)	
Red Blood Count	1.61 $10^6/\mu\text{L}$ (4.5-5.5) L	
Hemoglobin	4.4 g/dl (12-15) L	
Hematocrit	14.1 % (40-50) L	
Mean Corpuscular Volume	87.6 fl (83-99)	
Mean Corpuscular Hemoglobin	27.3 pg (27-32)	
Mean Corpuscular Hemoglobin Concent	31.2 g/dl (32.0-34.0) L	
Platelet Count	169 $10^3/\mu\text{L}$ (150-400)	
Mean Platelet Volume	10.9 fl (7.8-12.0)	
Absolute Neutrophil	4.6 $10^3/\mu\text{L}$ (2-7)	
Neutrophils %	57.1 % (40-80)	
Absolute Lymphocytes	2.1 $10^3/\mu\text{L}$ (1-3)	
Lymphocytes %	26.4 % (20-40)	
Monocytes #	1.12 $10^3/\mu\text{L}$ (0.2-1.0) H	
Monocytes %	13.70 % (2-10) H	
Eosinophils #	0.18 $10^3/\mu\text{L}$ (0.02-0.5)	
Eosinophils %	2.20 % (1-6)	
Basophils #	0.04 $10^3/\mu\text{L}$	
Basophils %	0.60 % (0.02-0.1) H	
Hematology Comments	.	



Chemistry July/15

Specimen Comment	
Sodium Level	139 mmol/L (135-145)
Potassium Level	4.1 mmol/L (3.0-5.0)
Chloride Level	112.1 mmol/L (100-110) H
Urea	mmol/l (1.7-8.3)
Creatinine	umol/L (44-106)
Alkaline Phosphatase	U/L (35-129)
Alanine Aminotransferase (ALT)	U/L (11-41)
Aspartate Amino Transferase (AST)	U/L (0-37.0)
Gamma Glutamyl Transpeptidase	U/L (5-61)
Total Protein	101.1 g/L (60-80) *H
Albumin	18.8 g/L (35.0-55.0) L
Total Bilirubin	9.1 umol/L (3.4-17.1)
Direct Bilirubin	2.0 umol/L (0.8-5.1)
Chemistry Comments	.



Questions

- Ideal Chemotherapy Regimen? (Botswana)
- How many cycles if less than adequate response?
- Best Second line regimen?
- How many cycles of the first line regimen until second line can be begun?
- DOSE ESCALATION ?
- Radiotherapy response Rates?



A 35 year-old Man with skin lesions on

Dr. Tiieng'o

July 28, 2015



BOTSOGO

BOTSWANA ONCOLOGY
GLOBAL OUTREACH

History of Present Illness

May 2014

- Developed indurated, painful skin lesions
- Bilateral oedema
- Seen at local clinic in Mogoditshane (Nkoyaphiri, one of busiest clinics nationwide)
- Prescribed antibiotic, wintergreen, and analgesic

March 2015

- Lesions worsened and returned to clinic
- Referred to PMH for further management



History of Present Illness

March 2015

- Seen in PMH oncology
- Referred to dermatology for biopsy
- Biopsy performed same day

April 2015

- Returned to dermatology, no path result yet (4wks later)

June 2015

- Returned to dermatology, results received
- Started chemotherapy same day in oncology



Past Medical and Social History

- HIV positive since 2009.
- Started HAART in March 2015
- No history of T.B, no HTN, no D.M
- Periodic bouts of diarrhea, no other illnesses
- Medications: Atripla, Paracetamol.....
- No history of cancer in the family
- Denied alcohol and tobacco use.
- Single but father of 4 children, with 2 different women the last one have 5 months only.
- Working as a driver for a private company.



Physical Examination

- Sick looking gentleman, sitting in wheelchair, unable to work. Mild respiratory distress
- Not pale, febrile on palpation, no lymphadenopathies
- Chest: dark skin lesions than appeared old, reduced air entry on the left side of the lung on auscultation
- Heart: Heart sound present but tachycardia.
- Abdomen: soft, no organomegaly
- Bilateral legs dressed



Physical Examination

- Legs bilateral nodular, woody infiltrative lesion, purulent, odorous, necrotic.
- Starting from the knee up to the all foot. Very severe on both feet.
- With some hyperkeratotic lesions on thighs but looking old and not active as the lower legs
- Some restriction in movement in left leg, able to walk with difficulty, sensation and power intact
- Red palate lesion













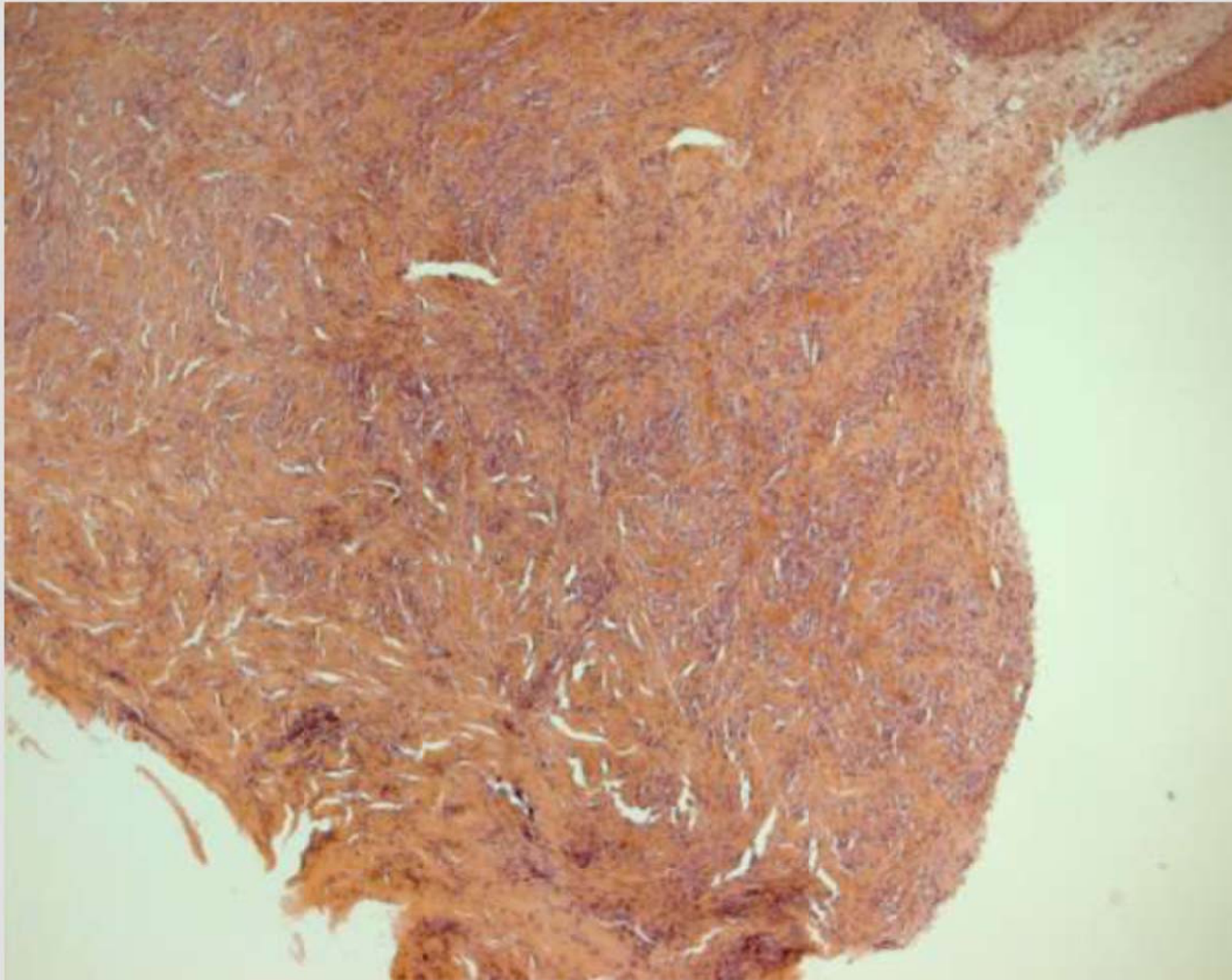


Pathology

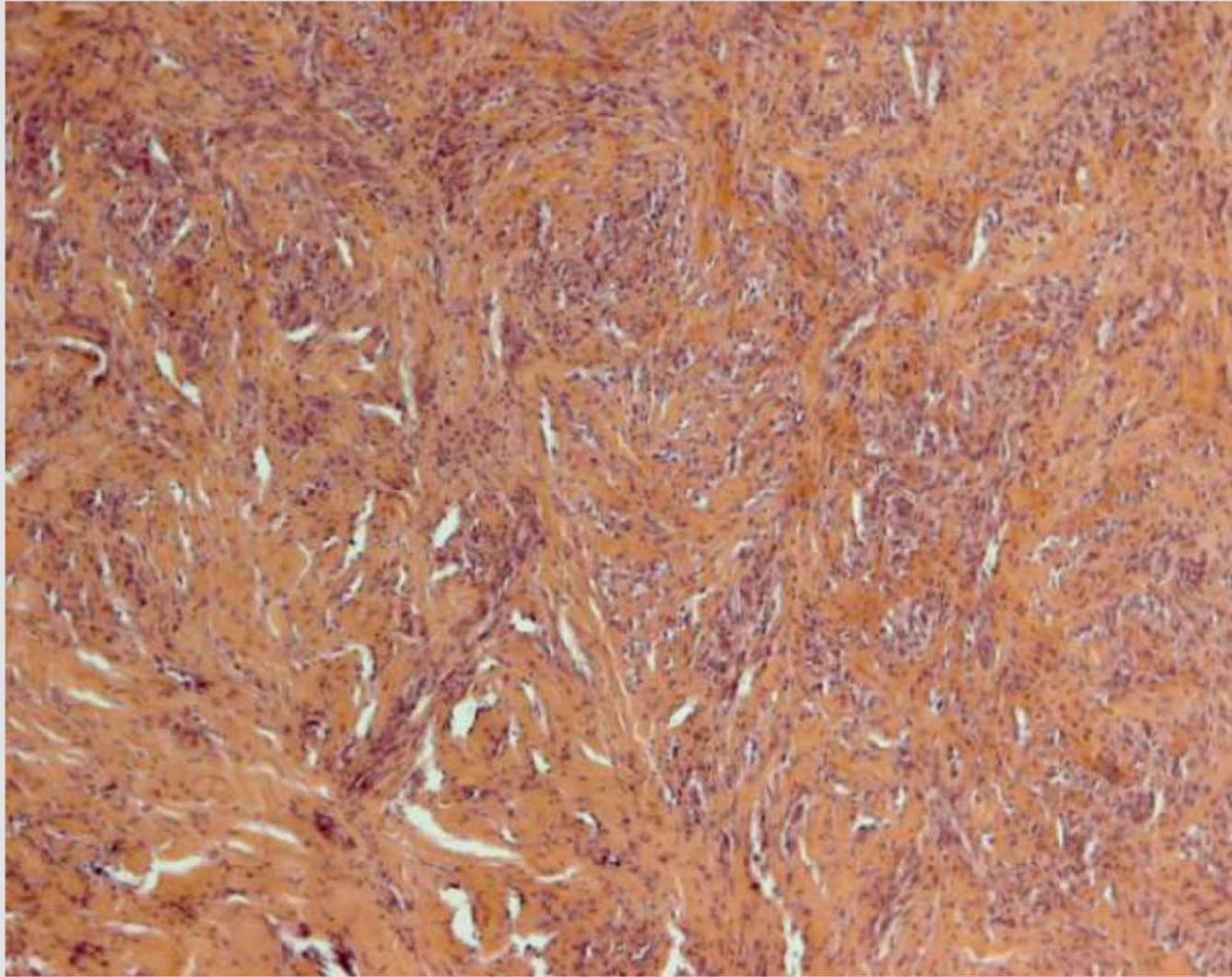
- Skin biopsy shows a tumor composed of spindle-shape endothelial cell...Vascular slits with extravasated red blood cell, consistent with kaposi's sarcoma
- Diagnosis: Kaposi's sarcoma



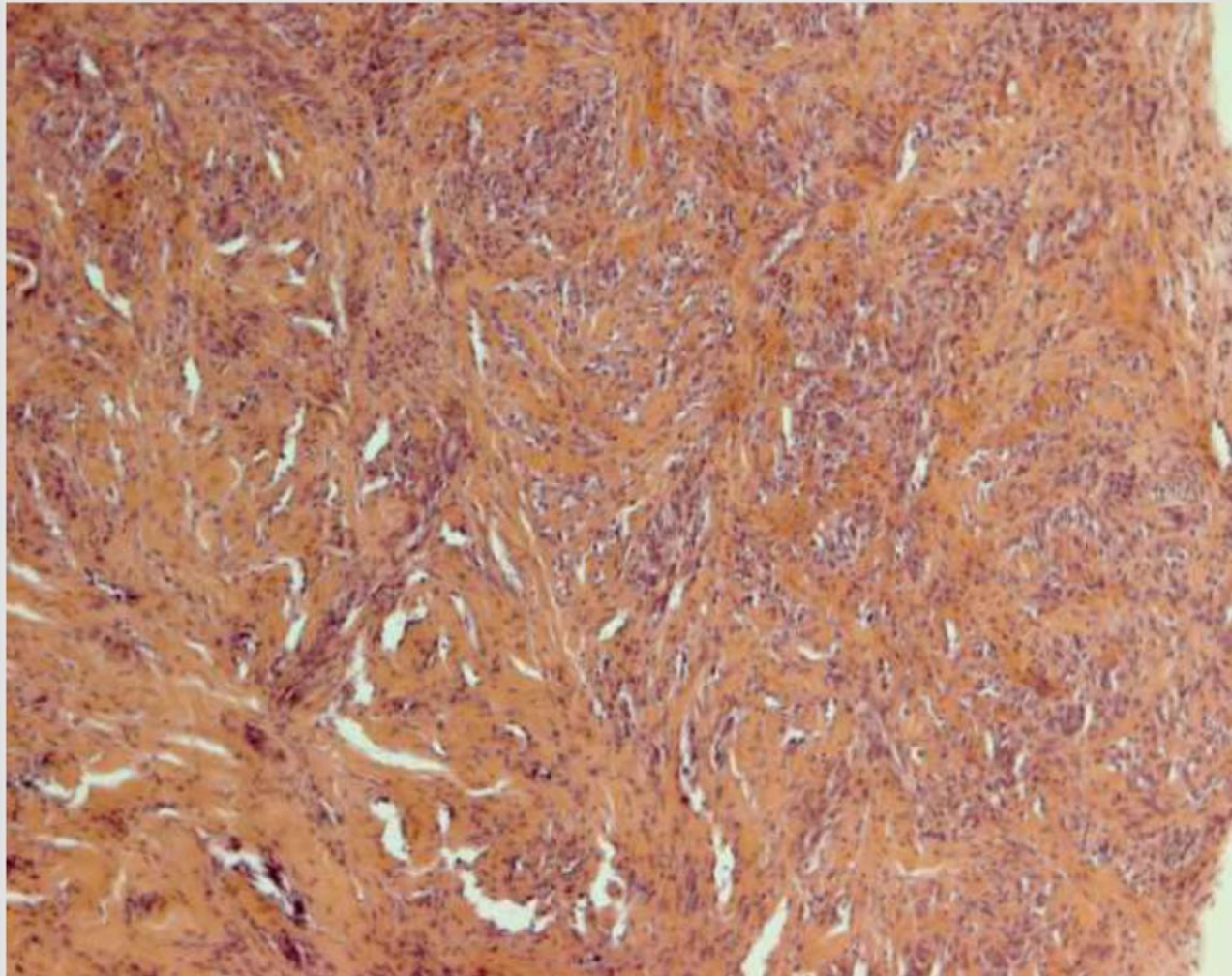
Pathology



Pathology



Pathology



Investigations

Hb : 8,9 WBC: 8,7 Plt ; 387

ANC: 3,8

Creat: 75, AST:3, ALT: 5

CXR: bilateral pleural effusion with nodulated lesion suggested of KS

U/S: slight pleural effusion on the left lung. No other major finding.



Treatment

June 2015

- Started single-agent paclitaxel ($135\text{mg}/\text{m}^2$)
- Moderate response to first cycle

July 2015

- Approximately 1wk after second cycle presented to clinic with SOB
- CXR with massive left pleural effusion, U/S with small ascites
- Thoracentesis with 1.5L of bloody fluid, sent for routine culture, cytology, and TB culture





Issues/Questions

- Diagnostic delay
- Biopsy of KS, required
- Follow-up of HIV patients on CD4 monitoring

