

COINCIDENCE OF KAPOSI SARCOMA AND NON HODGKIN'S LYMPHOMA IN A MIDDLE AGE MAN

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Introduction: Kaposi Sarcoma is a malignancy with the known viral etiology that is generally found in immunocompromised patients namely the HIV infected persons or elderly, here we report a case with co incidence of NHL and kaposi sarcoma who is HIV nnegative.

Presentation: A 48 year old man attended Hematology clinic with fever ,night sweats and weight loss for about 20 days. He denies any recent travel or any significant past history or any suspicious contact for HIV and Tuberculosis. In physical exam the spleen was just palpable with no lymphadenopathy. Laboratory data revealed Pancytopenia with LDH of 997 (ranging from 200 to 450) with normal Liver and Kidney function tests. CT scan of chest abdominal and pelvic area showed retro peritoneal adenopathies and confirmed splenomegaly and bone marrow aspiration and biopsy showed only cellular marrow without any IHC or Flowcytometric clue of lymphoma.

After 1 week adenopathies were presented on both inguinal area and left sided inguinal adenopathy was removed for pathologic evaluation, at the same time a small 1.5*1.5 cm area on left 5th metatarsal area was appeared as a coin lesion with purple appearance. Pathologic evaluation as well as the IHC of the resected inguinal node proved Kaposi sarcoma. HIV was again evaluated and it was negative for the third time. The patient planned to receive chemotherapy with Taxol single agent 100 mg/m² every 15 days for 4 courses and after the last course the purple patch as well as some retro peritoneal lymph nodes were disappeared but the inguinal mass on right side was growing!! splomegaly was still present. Due to lack of good response of the right inguinal lymphadenopathy, it was planned to biopsy and this time biopsy of the right inguinal node showed lymphomatous infiltration which was CD 20 negative.

The patient planned to receive additional 8 courses of CHOP for the lymphoma, the masses were totally disappeared after 4th course of chemotherapy and now the patient is being followed.

Co incidence of Kaposi sarcoma with immunodeficiency situations specially post transplantation of solid organs and Bone marrow transplantation has been reported, as well as the incidence of Kaposi sarcoma with HIV infection ,but here both procedures presented clinically at the same time that is not a common presentation for Kaposi sarcoma specially in an otherwise healthy middle age patient.