

A Young Man with a Disabling and Stigmatizing Disease

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1. Clinical Image

Kaposi sarcoma was one of the signals of the start of the AIDS Epidemic in 1981, and since the beginning it was a source of stigma and discrimination; patients were pushed to social segregation due to the deleterious physical consequences of KS. Myiasis on the other side is a sign of poverty and deprivation of care.

We present the case of a 34-year-old male that was referred with exophytic red and dark purple lesions that involved his entire lower right limb. Two years earlier he noticed a purple nodule in his first toe, lesions continue to appear to involve the entire leg. The patient was confined to his room for over a year and at arrival was unable to walk and care for himself.

He tested HIV positive with 137,000 viral copies/ml and CD4 count of 8%, 120 cells/mm³. The biopsy of one of the leg lesions was reported with Kaposi sarcoma. He had hyponatremia, hypokalemia and hypoalbuminemia (0.9 g/dL.) abundant yellowish foul-odor fluid leaked from the lesions. He was treated with antibiotics, AZT-3tc-efavirenz was started and a course of vincristine and bleomycin was administered.

He was readmitted two weeks later with fever, pain and itching in the leg with a penetrating foul odor, anemia and thrombocytopenia. Antibiotics were re-started. During cleaning of his leg multiple larvae were discovered. He refused a proposed leg amputation, sepsis progressed and died with multiple organ failure (Figure 1).



Figure 1: Extensive Kaposi sarcoma involvement of the right leg, with exophytic red and purplish lesions with leakage of a yellowish liquid. Alarvae is apparent in the upper left side of the picture.

2. Related Picture Quiz

A 34-year-old man was admitted to hospital with exophytic red-purple lesions that involved his entire lower right limb. Two years earlier he noticed a purple nodule in his first toe, lesions continue to appear to involve the entire leg. He had abundant yellowish foul-odor fluid leaked from the lesions. He was treated with antibiotics. He was readmitted two weeks later with fever, pain and itching in the leg with a penetrating foul odor, anemia and thrombocytopenia. During cleaning of his leg multiple larvae were discovered. What is the most likely diagnosis?

- A. Filariasis
- B. Onchocerciasis
- C. Leprosy
- D. Kaposi sarcoma

Kaposi Sarcoma incidence has diminished in the two last decades in high-income countries with extended access to antiretroviral therapy and health care. In middle and low-income countries, it is still the most frequent AIDS malignancy; where patients continue to arrive with advanced HIV disease; due to obstacles in access to health care and stigma. It has an enigmatic and unpredictable course as it can present as a small lesion; an incidental finding during physical exam or explosive and rapidly progressive disease with high mortality.

KS is a highly stigmatizing disease that can lead to social abandonment and delay in care that contributes to mortality. With combined antiretroviral therapy, diagnosis and treatment of coinfections and in some cases with extensive disease chemotherapy it is possible for patients to achieve complete remission.