Keeping an Eye Out for KS-IRIS: Kaposi Sarcoma in a Patient with Mpox

David Perekopskiy[1], *Dustin David Cox, MD*[2], *and Eric Daniel Signoff, MD, FACP*[1]

[1]University of California Davis School of Medicine, Sacramento, CA, USA; [2]University of California Davis Medical Center, Sacramento, CA, USA

J Gen Intern Med
DOI: 10.1007/s11606-024-08754-2

A 23-year-old male with HIV/AIDS and mpox who had initiated anti-retroviral therapy (ART) 3 months prior presented with dysphagia from an enlarging oral lesion. Physical exam revealed a large bleeding friable mass overlapping the incisors and canines, extensive diffuse non-tender lymphadenopathy, and multiple scattered crusted facial lesions (Fig. 1). Computed tomography showed extensive cystic/necrotic cervical, supraclavicular, and mediastinal adenopathy with ulceration/necrosis of the palatine tonsils. Biopsies of the lymph nodes and oral mass were positive for Kaposi sarcoma (KS). Due to the recent initiation of ART, the rapid progression of the disease, and the disseminated nature, this was determined to be due to immune reconstitution inflammatory syndrome (IRIS).

IRIS is an exaggerated inflammatory response after the initiation or change in ART therapy.[1] A flare of KS due to IRIS is referred to as KS-IRIS and presents in two forms: paradoxical (existing KS) and unmasked (undiagnosed KS).[2] KS initially presents as a purple nodule/plaque that can progress to disseminated KS involving lymph nodes and the gastrointestinal tract.[3] Until biopsy, the differential diagnosis includes bacillary angiomatosis, angiosarcoma, or hemangiomas. KS can cause pain and bleeding at the local tumor but lung or oral involvement can cause life-threatening respiratory distress requiring urgent management.[4,5]

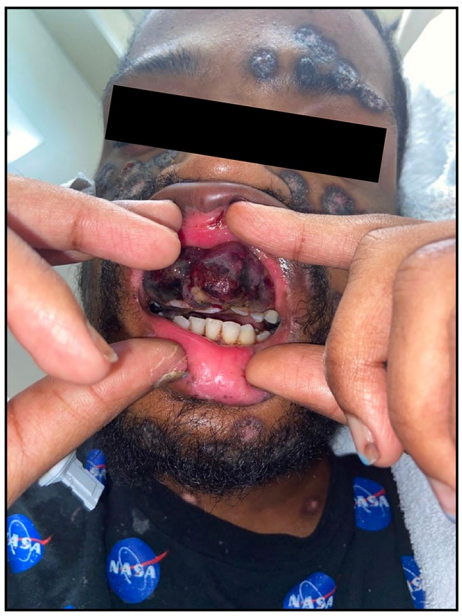

Figure 1 Photo of patient described in case on day of admission to the hospital

Corresponding Author: *Eric Daniel Signoff, MD, FACP; , University of California Davis School of Medicine, Sacramento, CA, USA (e-mail: esignoff@ucdavis.edu).*

REFERENCES

1. **Poizot-Martin I, Brégigeon S, Palich R, Marcelin AG, Valantin MA, Solas C, Veyri M, Spano JP, Makinson A.** Immune Reconstitution Inflammatory Syndrome Associated Kaposi Sarcoma. Cancers (Basel). 2022 14(4):986.
2. **Lawn, S. D., & Wood, R.** (2010). Immune reconstitution inflammatory syndrome. Lancet Infect Dis, 10(12), 833-834.
3. **Radu, O., & Pantanowitz, L.** (2013). Kaposi sarcoma. Arch Pathol Lab Med 137(2), 289-294.
4. **Roy, T. M., Dow, F. T., & Puthuff, D. L.** (1991). Upper airway obstruction from AIDS-related Kaposi's sarcoma. J Emerg Med 9(1-2), 23–25.
5. **Beitler, A. J., Ptaszynski, K., & Karpel, J. P.** (1996). Upper airway obstruction in a woman with AIDS-related laryngeal Kaposi's sarcoma. Chest, 109(3), 836–837.

Received September 29, 2023
Accepted March 29, 2024
Published online: 10 April 2024