Bilateral pneumonia and cutaneous tumours

Neumonía bilateral y tumoriaiones cutáneas

45-year-old male, admitted for secondary respiratory distress to bilateral bronchopneumonia. The physical examination showed the presence of erythematous violaceous nodules and plaques of 0.5–1 cm in the forearms, trunk and lower limbs. The most developed lesions presented contusiform aspect in the edges (Figs. 1 and 2). The suspected Kaposi’s sarcoma (KS) was confirmed by means of a biopsy and immunohistochemistry tests, which showed VHH-8. The serology test confirmed the HIV infection, and the induced sputum for Pneumocystis jiroveci (P. jiroveci) was positive, which confirmed, in addition, P. jiroveci pneumonia. AIDS-associated KS is a systemic disease that predominantly affects the skin. It is characterised by the proliferation of endothelial cells that manifest themselves as erythematous violaceous lesions, flat or raised, of irregular edges and universal distribution. For the histological diagnosis of the disease, the presence of VHH-8 tissue is necessary. At present, it is very rarely found in the developed countries due to the high effectiveness of the current antiretroviral drugs and to the early diagnosis of the HIV. When diagnosed, our patient presented 2 of the clinical conditions of AIDS: KS and P. jiroveci pneumonia. The first choice treatment for KS in these patients is a highly active antiretroviral therapy.

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