



Metastatic Adenocarcinoma of Gastrointestinal Origin and Lung Squamous Carcinoma Associated with HIV Disease: Case Report

Liliana Fernández MD¹, Lina García MD², Carlos A. Muñoz MD³, Luz F. Sua MD PhD⁴

¹Interventional Pulmonology, ²Internal Medicine Resident, ³Medical Research, ⁴Department of Pathology and Laboratory Medicine and PhD Biomedical Sciences. Fundación Valle del Lili. Biomedical Research Group in Thorax. Universidad ICESI, Cali-Colombia

Background

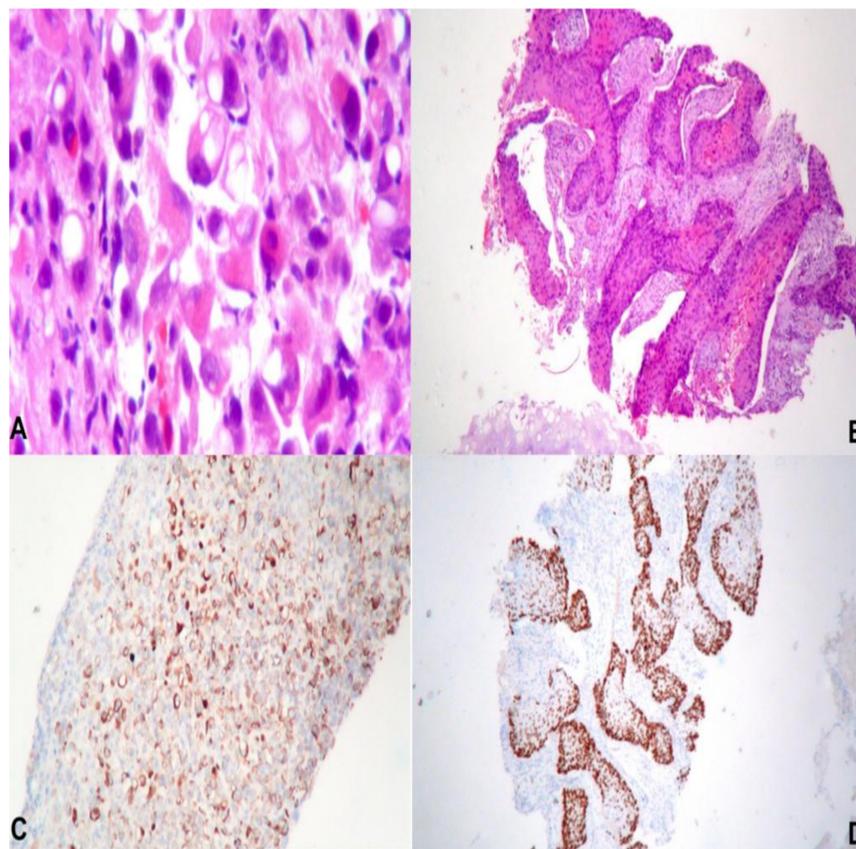
Individuals infected with HIV have a higher predisposition for developing malignancies. The spectrum of neoplastic diseases in HIV-infected patients has changed after the introduction of antiretroviral therapy which decreased the AIDS defining malignancies such as Kaposi's sarcoma (KS) and non-Hodgkin lymphoma (NHL), but augmented other tumor types contributing to increased mortality of patients with chronic treatment. We report a patient with HIV with more than 10 years of antiretroviral treatment in whom diagnosis of a metastatic adenocarcinoma of gastrointestinal origin and a concomitant primary lung squamous carcinoma was made.



Chest CT-scan a right paravertebral mass associated with atelectasis, a parahilar mass extending to the left upper lobe

Methods

We reviewed the clinical history data.



A, C: H & E staining cells signet ring adenocarcinoma in RLL, positive for CK20 and CDX2 (IHC) determining a metastatic origin of the lower gastrointestinal tract. B,D: H & E staining of squamous cell tumor positive for p63 gene (IHC) in LLL

Results

A 68-year-old man with a history of HIV on antiretroviral treatment (ART) since 2004, former smoker with COPD, osteoporosis and chronic malnutrition, who consulted with cough, dyspnea and hemoptysis. On the chest CT-scan a right paravertebral mass associated with atelectasis, a parahilar mass extending to the left upper lobe, and a mass in the pancreatic head were observed. A bronchoscopy with biopsies was performed. The morphological and immunophenotypic expression patterns of the right lower lobe showed metastatic adenocarcinoma of gastrointestinal origin while the left lower lobe biopsy showed primary squamous cell lung carcinoma and the presence of *Aspergillus*. The patient continued with hemoptysis, developed refractory respiratory failure and died.



http://www.icesi.edu.co/facultad_ciencias_salud/grupo_multidisciplinario.php
e-mail: investigacionbiomedicaentorax@gmail.com

Conclusions

With the widespread use of potent ART there was a dramatic decrease in the incidence of KS and NHL and a significant increase in the incidence of several other malignancies. Although the biology of malignancy in HIV-infected people is often more aggressive than in those without HIV infection, standard treatment is generally indicated and can be associated with a favorable outcome, depending upon the tumor type, stage, and comorbidity. In this case two advanced stage tumor lesions associated with hemoptysis were documented, which finally led to the death of the patient.

Bibliography

Bearz A, Vaccher E, Martellotta F, et al. Lung cancer in HIV positive patients: The GICAT experience. *Eur Rev Med Pharmacol Sci* 2014; 18:500-508

Sigel K, Wisnivesky J, Gordon K et al. HIV as an independent risk factor for incident lung cancer *AIDS* 2012; 26: 1017-25

Alcada J, Taylor MN, Shaw PJ, et al. High prevalence of malignancy in HIV positive patients with mediastinal lymphadenopathy: a study in the era of antiretroviral therapy. *Respirology* 2014; 19.



Excelencia en Salud al servicio de la comunidad