

The Gist of the Problem

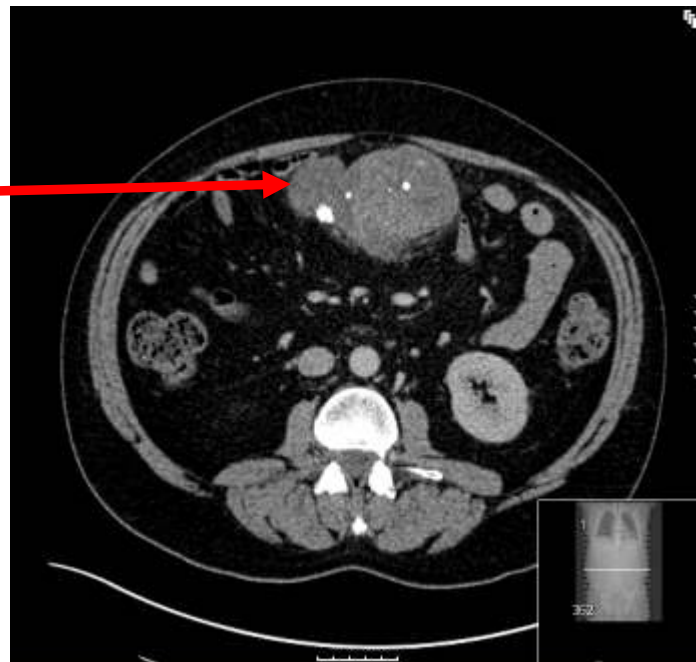
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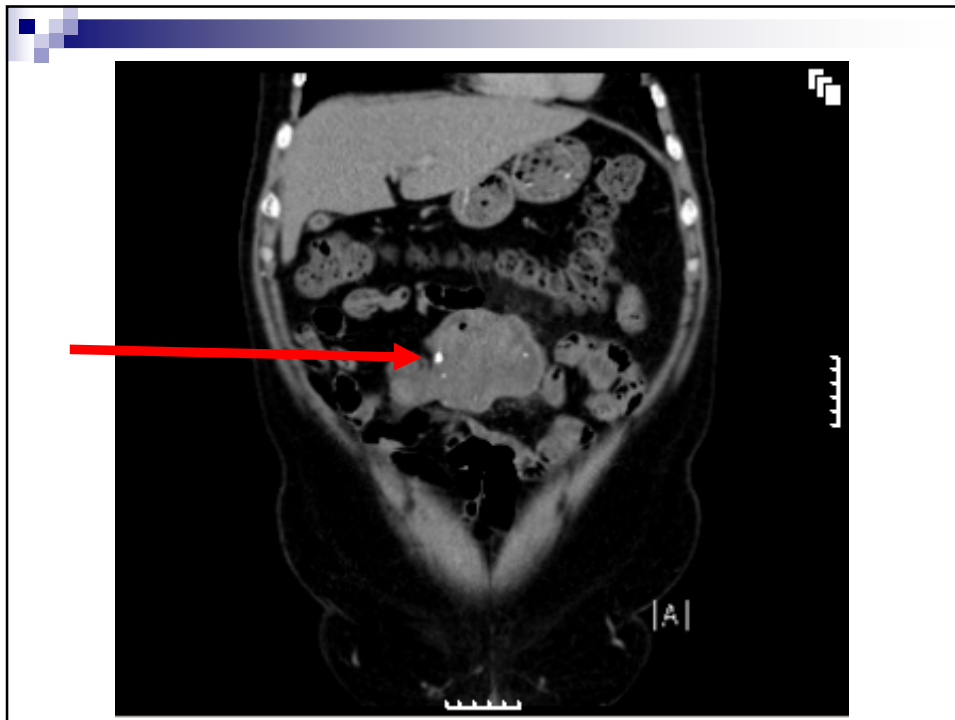
49 year old man

- Complains of an upper abdominal mass present for several months
- Weight loss, night sweats, anaemia

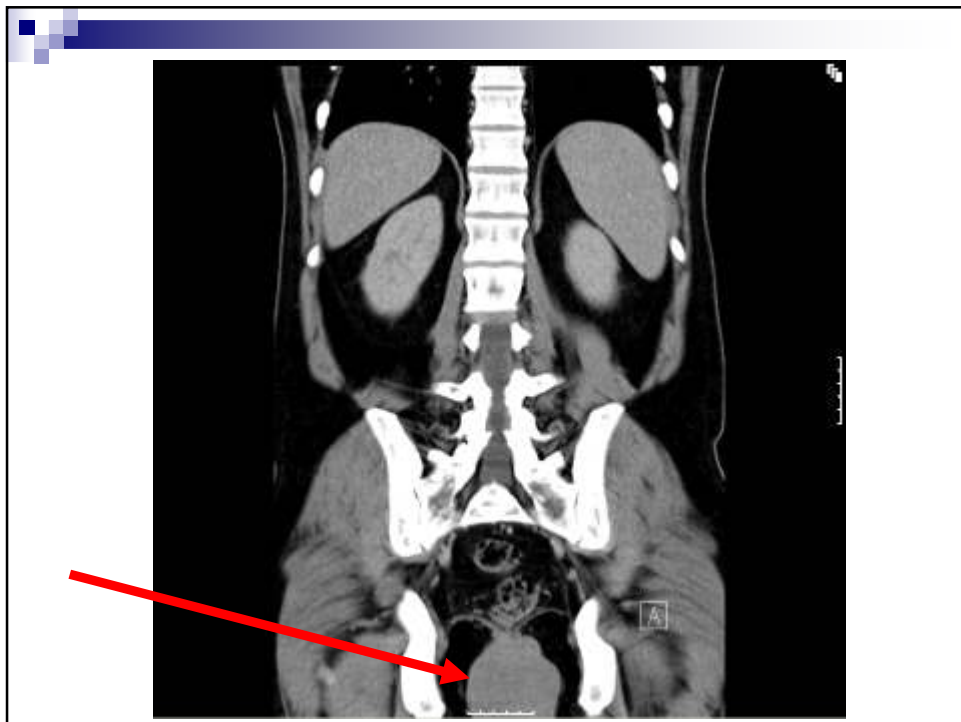
On Exam

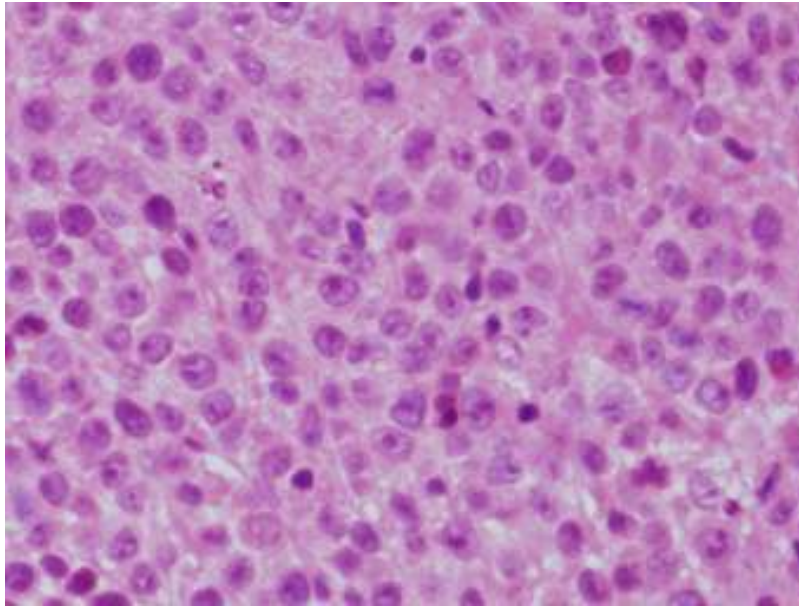
- Pale
- Palpable mass in epigastrium



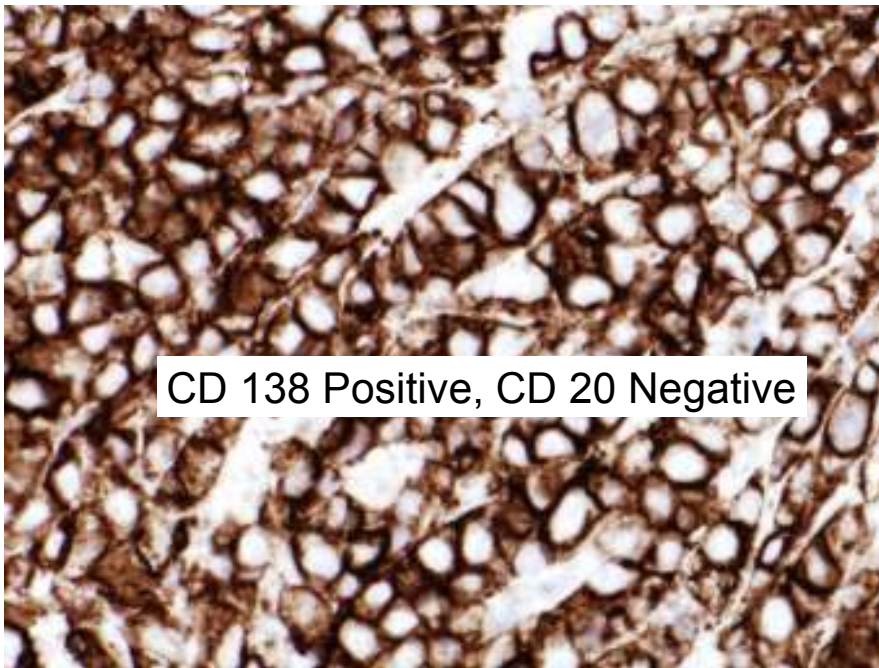


But there's more...

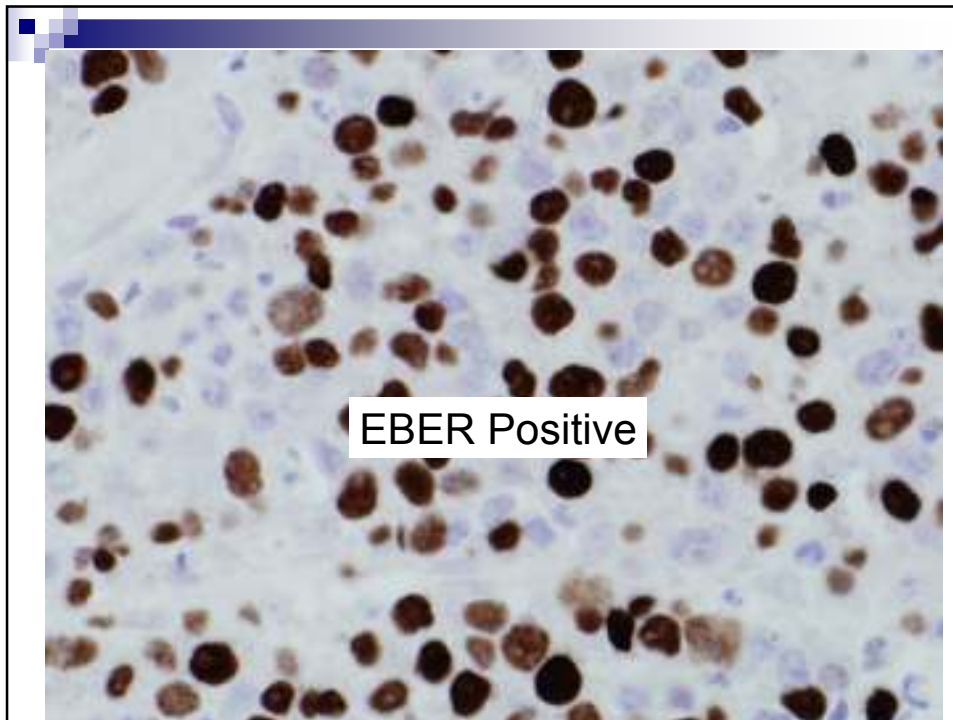




Biopsy Anorectal Mass



CD 138 Positive, CD 20 Negative

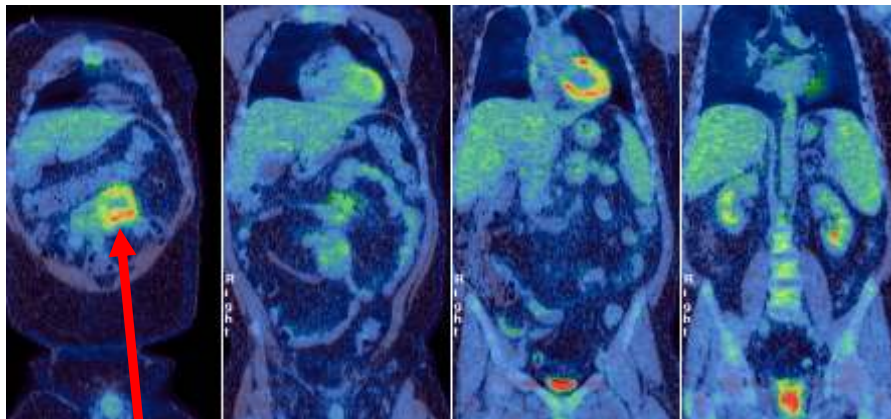


What's the diagnosis?

- 1) Anal Carcinoma
- 2) Castleman's Disease
- 3) Adenocarcinoma
- 4) Lymphoma

What Next?

- 1) PET scan
- 2) HIV Test
- 3) Biopsy the upper abdominal mass
- 4) All of the above



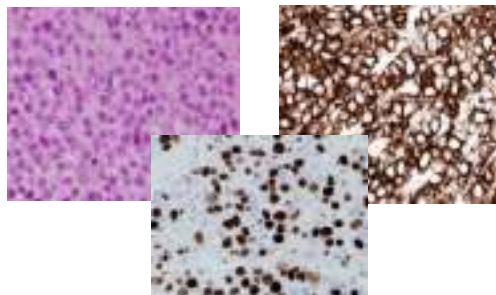
PET SCAN

HIV positive

- CD4 18 (2.3%)
VL>500Kcpm
- NNRTI resistant
- TDF/FTC/DRVr
- Prophylaxis
- LDH 152
- HB 10.8, WCC 2.8,
PLT 161
- Renal/Liver profiles
unremarkable

Stage 4b Plasmablastic Lymphoma

- CD20 negative
- CD 138 positive
- EBV positive



- Rx CHOP and IT Methotrexate x 6

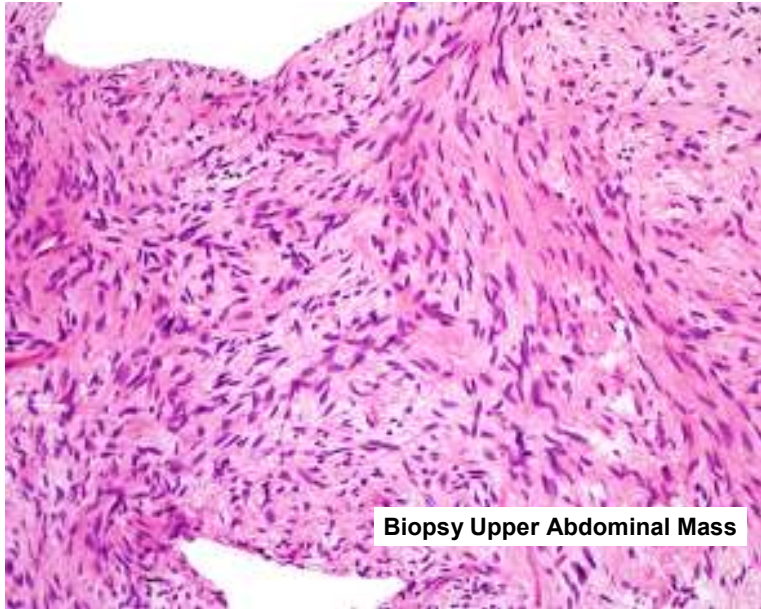


Plasmablastic Lymphoma

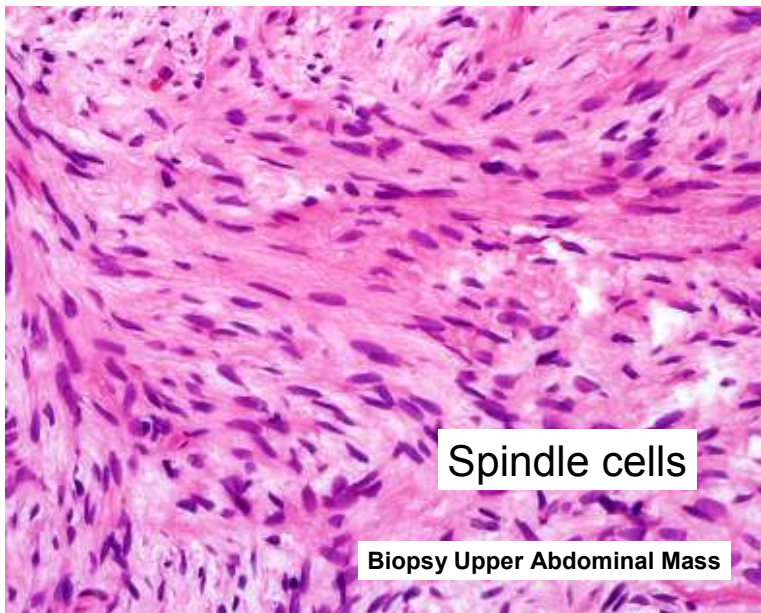
- Rare HIV-related B cell NHL
 - 2.6% HIV-related lymphoma
- Usually in oral cavity or jaw
- Low CD4
- Plasmablasts
- CD 20 negative
 - Leuk Lymphoma 2002; 43:423
 - Annals of Oncology 15:1673-9,2004



Is that everything?



Biopsy Upper Abdominal Mass



Spindle cells


Biopsy Upper Abdominal Mass

What's the diagnosis?

- 1) Kaposi Sarcoma
- 2) TB lymphadenitis
- 3) Histoplasmosis
- 4) Something else

GIST: Gastrointestinal Stromal Tumor

- Spindle cell neoplasm of indeterminate differentiation
- 7-20 per million population Am J Gastroenterol 2005;100:162
- Intestinal wall
- 70-80% spindle cell type
- >90% **CD117(KIT)** positive, 60% CD34 positive
- PDGFRA mutation
- Local Complications & Malignant potential
- Rx Surgery +/- Imatinib (TK inhibitor)



After # 5 CHOP

- Several Admissions
- Neutropenic Fever
- No positive cultures
- No response to empiric antibiotics
 - Piptazobactam, gentamicin



What Next?

- 1) Change antibiotics
- 2) Add antifungal
- 3) Repeat imaging
- 4) Something else

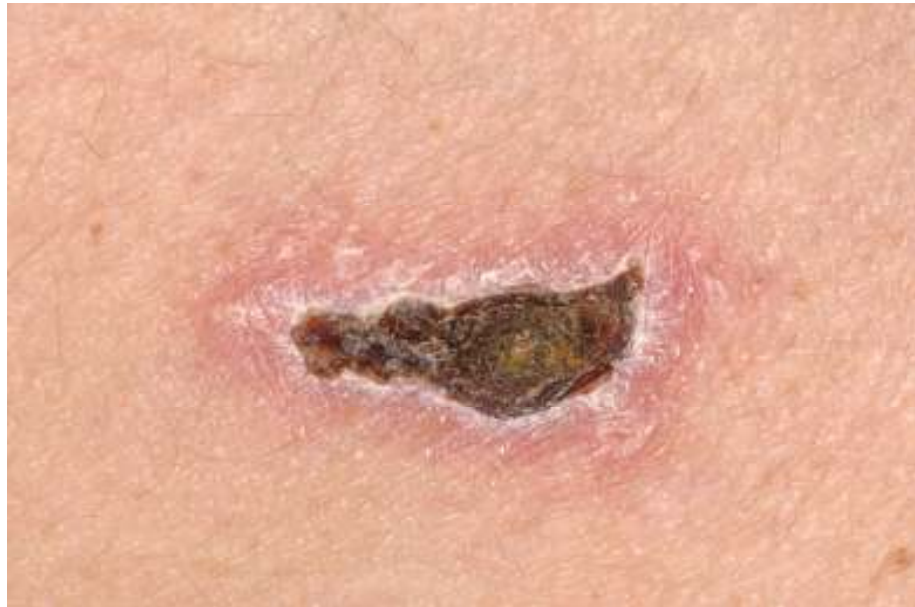
Clinical Course

- Switched antimicrobials
- CT: pelvic mass no longer seen, abdominal mass unchanged



- Why is he still febrile?



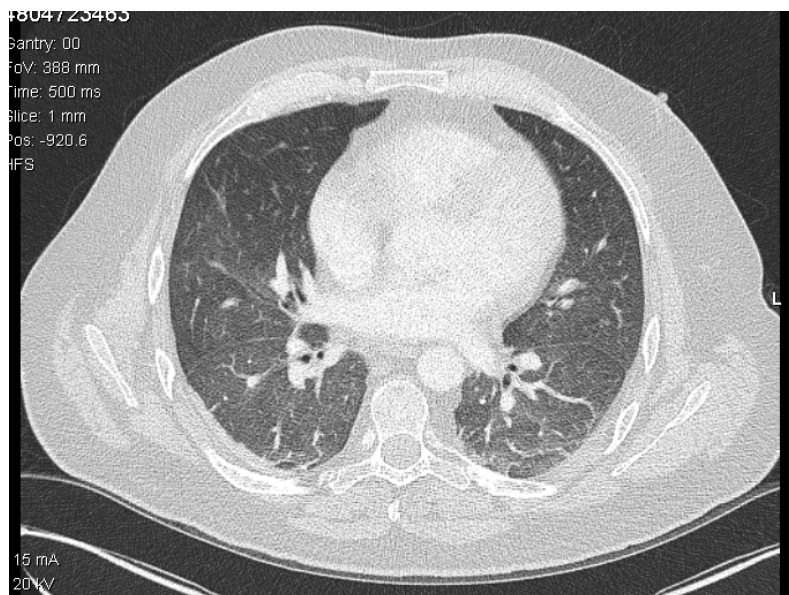


Clinical Course

- Shortness of Breath
- Dry Cough
- Still febrile

What's the problem?

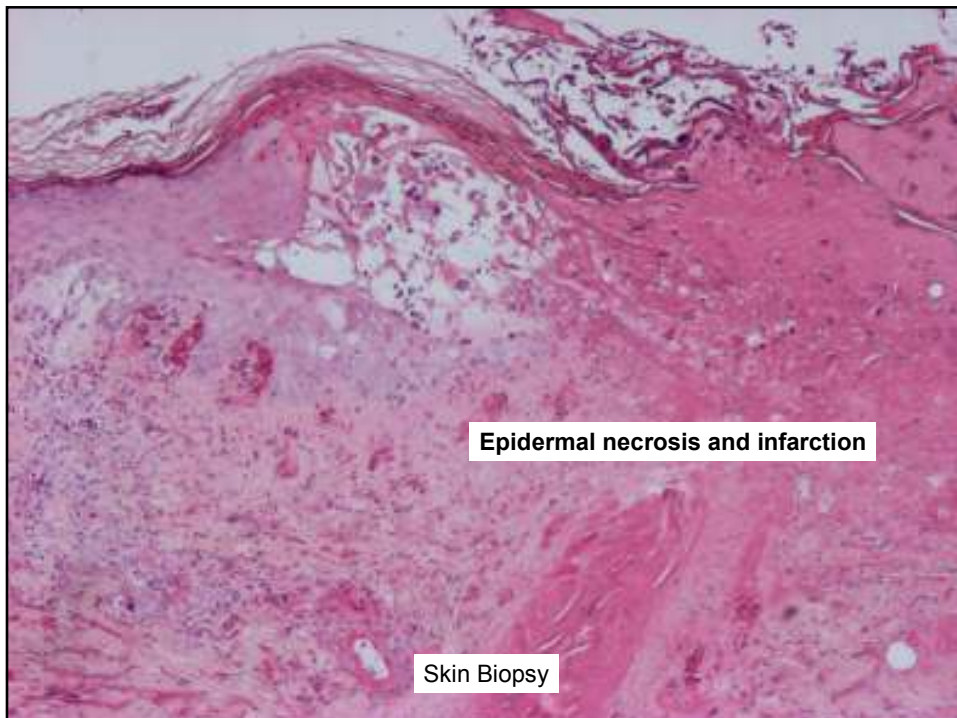
- 1) Bacterial sepsis
- 2) PCP
- 3) Fungal pneumonia
- 4) Something else

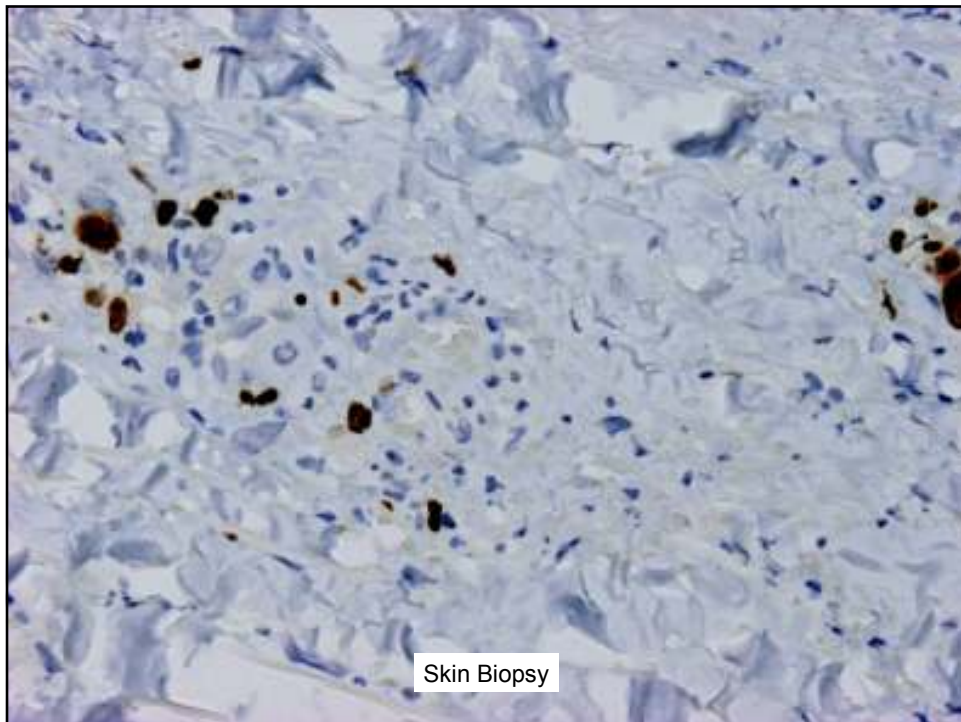


More new symptoms....

- Pain right thigh
- Increasing leg weakness
- Difficulty walking and standing
- MRI Head and spine- normal

- EMG/NCS
 - Polyradicular dysfunction





What's the diagnosis?

- 1) Nocardia
- 2) Cutaneous lymphoma
- 3) Cryptococcus
- 4) Something else

More....

- Complaining of blurred vision and floaters

- CMV retinitis



Disseminated CMV

- CMV DNA >1million cpm
- Retinitis
- Polyradiculopathy
- Pneumonitis
- Skin lesions
- Rx Ganciclovir & Foscarnet
- Truvada stopped
- Darunavir/r monotherapy
- Excellent clinical response



The Gist of the Problem

- Advanced HIV infection
- Plasmablastic Lymphoma
- Gastrointestinal Stromal Tumour (GIST)
- Disseminated CMV disease



Acknowledgements

- Mark Nelson
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