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Kaposi Sarcoma, with and without Pulmonary Involvement; Clinical Differences and Outcomes in PLWH

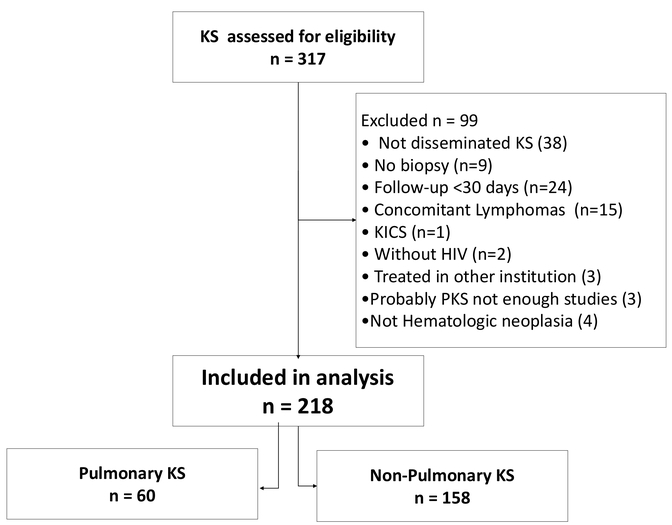
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BACKGROUND

- Kaposi sarcoma (KS) is caused by human herpes 8 virus (HHV8);
- Pathogenesis is through immunosuppression and inflammatory cytokines.
- We describe clinical differences and outcomes of patients with KS disseminated disease with and without pulmonary involvement.

METHODS

- Single-cancer center retrospective cohort study from 2018 to 2024 in Mexico City
- **Included:** HIV with biopsy-confirmed KS, with disseminated KS: pulmonary, lymph-node, or gastrointestinal, lymphedema, or ≥30 skin lesions.
- **pKS** by pulmonary biopsy, direct visualization in bronchoscopy, or pulmonary lesions with negative Gallium-67 uptake.
- **Exclusions**: lymphoma, KS inflammatory cytokine syndrome, only skin involvement, <1 month of follow-up, insufficient studies to diagnose or rule out pulmonary KS (pKS).
- We described differences in groups with and without pKS: laboratory, clinical, mortality by Kaplan-Meier curves and Cox multivariate models to identify factors associated with survival.



Kaposi´s patients are severely immunosuppressed; investigation and treatment of coinfections is mandatory.

RESULTS

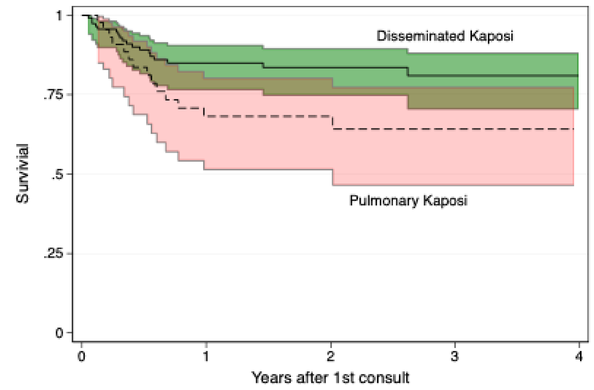
All patients were evaluated and treated for co-infections. See differences between groups in Table 1. No differences were found in platelets or sodium. Table 2 presents other AIDS infectious events (AIE). Other coinfections and AIE were diagnosed: PCJ, cryptosporidiosis, coccidioidomycosis, cryptococcosis, toxoplasmosis, and Salmonella Bacteremia, which had a low prevalence and showed no differences between groups.

	Non-Pulmonary Kaposi N (%), Mean SD	Pulmonary Kaposi N (%), Mean SD	p-value
N	158	60	
Age	30.5 (27, 36)	30 (26, 37.5)	0.77
BMI,	21.6 (19.4-23.5)	21.1 (19.1-23.7)	0.59
Frist CD4+ count cells/mL	87 (27, 159)	57 (19, 124)	0.072
HIV Load at arrival (copies/mL)	118148 (30908-326849)	115198 (31634-276417)	0.64
Hemoglobin	11.9 (9.9-13.8)	10.85 (8.9-112.5)	0.033
Albumin	3.5 (3-4.1)	3.4 (2.9-3.9)	0.17
HHV8 viral load at arrival (copies/mL)	1456.5 (297, 6732)	1584.5 (547, 8352)	0.40
KS lymph node involvement	76 (48.4%)	41 (68.3%)	0.008
IRIS Kaposi	53 (33.5%)	32 (55.2%)	0.004
Valganciclovir use	55 (34.8%)	43 (71.7%)	<0.001
Received Chemotherapy	118 (75.2%)	56 (96.6%)	<0.001
Cycles of Chemotherapy	3 (2-6)	4.5 (3-6)	0.042

Table 1. Prevalence of laboratory parameters and clinical features.

	Non-P Kaposi N (%), Mean SD	Pulmonary Kaposi N (%), Mean SD	p-value
N	158	60	
Infectious AIDS events (coexisting)	1.05 (1.3)	1.5 (1.4)	0.037
Other coinfections	0.69 (0.7)	0.58 (.6)	0.32
MAC	12 (7.6%)	9 (15.0%)	0.098
CMV end-organ disease	21 (13.3%)	18 (30.0%)	0.004
Syphilis	39 (25.5%)	22 (36.7%)	0.10
Tuberculosis	6 (3.8%)	5 (8.3%)	0.17
Candida Esophagitis	56 (35.4%)	22 (36.7%)	0.87
Histoplasmosis	18 (11.4%)	14 (23.3%)	0.026
Helicobacter pylori	7 (24.5%)	10 (17.9%)	0.31

Table 2 presents other AIDS infectious events (AIE) and coinfections diagnosed



	HR	95% confidence interval		P
BMI	**0.89**	0.79	0.99	0.03
Mycobacterium avium complex infection	**2.96**	1.10	8.01	0.03
Albumin	**0.51**	0.29	0.89	0.02
Valganciclovir	**2.27**	1.01	5.12	0.05
KS lymphedema	**2.15**	1.00	4.64	0.05
IRIS KS	**1.88**	0.90	3.94	0.09

Table 3 HR for mortality in PWH and disseminated KS

CONCLUSIONS

- Patients with disseminated Kaposi arrive with advanced HIV disease, severe immunosuppression, high HIV and HHV-8 viral load, and high prevalence of other AIE.
- Patients with disseminated Kaposi should be evaluated and treated for coinfections.
- We found no difference in mortality between pulmonary and non-pulmonary involvement in adjusted models.
- Almost 75% of the cohort is alive and in complete remission after four years of follow-up
- Chemotherapy should be individualized, and immunosuppressive regimes should be discouraged to avoid further immunosuppression.

Patients with Kaposi had advanced HIV disease with severe immunosuppression and a high prevalence of coexisting AIDS infectious events. No difference in mortality between patients with pulmonary and non-pulmonary involvement in adjusted models.