中文題目：愛滋病患合併胰臟炎以及阻塞性膽管炎

英文題目：An AIDS patient with pancreatitis and obstructive cholangitis: a case report and review of literature

作　　者：翁立翰[2], 趙婉如[1,5], 李原地[1,3,4], 蔡明璋[1,2,3], 汪奇志[1,2,3]

服務單位：[1]中山醫學大學醫學院, [2]中山醫學大學附設醫院肝膽腸胃科, [3]中山醫學大學附設醫院內科部, [4]中山醫學大學附設醫院感染科, [5]中山醫學大學附設醫院病理科,

Introduction: Although stone obstruction in biliary tract was the first consideration of pancreatitis with obstructive cholangitis in general population due to it's prevalence, other etiology should be considered in patients with specific underlying disease. Acquired immunodeficiency syndrome (AIDS)-related cholangiopathy has been reported to involve papillary stenosis, sclerosing cholangitis, and pancreatitis[2]; however, the involvement of Kaposi's sarcoma is rare.

Case presentation: A 32-year-old man experienced persistent weight loss and was diagnosed with human immunodeficiency virus infection and AIDS. His absolute CD4 count was 156 cells/mm^3 with 7% helper CD4 T cells at the time of diagnosis. The patient complained of epigastric pain with a yellow skin appearance, and he could not eat anything because of this condition after a week of hospitalization for *Pneumocystis jirovecii* pneumonia. Laboratory data revealed a serum amylase level of 1107 IU/L, lipase level of 977 IU/L, alkaline phosphatase level of 1038 IU/L, γ-glutamyl level of 1344 IU/L, total bilirubin level of 3.2 mg/dL, and direct bilirubin level of 2.0 mg/dL. Abdominal sonography and contrast-enhanced computed tomography revealed a soft tissue density mass lesion in the peri-ampullary area with upstream common bile duct and pancreatic duct dilatation. Endoscopic retrograde cholangiopancreatography (ERCP) revealed enlarged papillae with erythematous mucosal change. It also revealed abrupt discontinuation of the distal common bile duct and proximal pancreatic duct with upstream ductal dilatation. Endoscopic sphincterotomy, endoscopic retrograde biliary and pancreatic drainage, and biopsies of the bile duct and ampulla of Vater were performed. Although endoscopic biopsy revealed only chronic inflammatory changes, percutaneous needle biopsy revealed slit-like vascular channels and the proliferation of spindle tumor cells with mild nuclear atypia in the lymphoid tissue under 100× magnification. The spindle tumor cells stained positive for CD31. Moreover, HHV-8 immunostaining positively stained tumor cell nuclei. Lung biopsy showed the same pattern as the lymph node. The

patient's jaundice and pancreatitis improved greatly after endoscopic intervention. He could had meals two days after ERCP. His serum total bilirubin and lipase levels improved to 1.10 mg/dL and 261 IU/mL, respectively, in three days.

Discussion: AIDS-related gastrointestinal diseases include cytomegalovirus infection, herpes simplex virus infection, and obstructive lesions caused by lymphoma or Kaposi's sarcoma[1]. Severe acute abdominal pain usually indicates the presence of pancreatitis, ischemic colitis, or intestinal perforation due to cytomegalovirus infection in such patients. AIDS-related cholangiopathy has been reported to involve papillary stenosis, sclerosing cholangitis, and pancreatitis[2]; however, the involvement of Kaposi's sarcoma is rare. Although Kaposi's sarcoma mimicking pancreatic cancer has rarely been reported in the literature[3], the possibility of Kaposi's sarcoma should be considered in AIDS patients with obstructive cholangitis or biliary pancreatitis.

Conclusion: Although Kaposi's sarcoma mimicking pancreatic cancer has rarely been reported in previous literature[3], the possibility of Kaposi's sarcoma should be considered in AIDS patients with obstructive cholangitis with concurrent pancreatitis.