Ophthalmic Images

Vascular Conjunctival Lesion in a Patient With a Recent Diagnosis of HIV Infection

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A Slitlamp photography, conjunctival tumor

B Optical coherence tomography, subepithelial mass

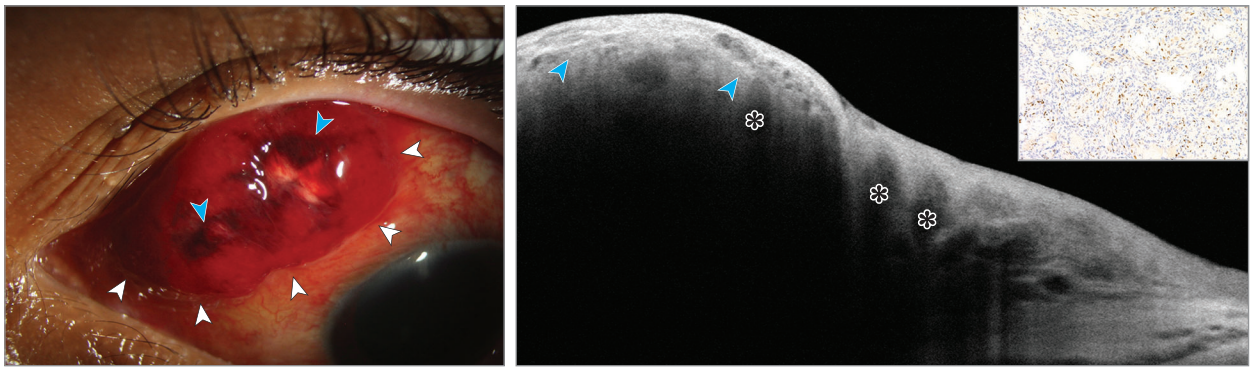

Figure. A, Elevated vascular conjunctival tumor (white arrowheads) with hemorrhage (blue arrowheads). B, High-resolution optical coherence tomography reveals a subepithelial hyperreflective, highly cellular (arrowheads) mass with multiple vascular channels (asterisks). Inset, *Human herpesvirus 8* demonstrates positive nuclear staining within tumor cells (original magnification × 200).

A young patient, diagnosed with HIV infection 5 months before presentation and taking highly active antiretroviral therapy (HAART), presented with a left eye lesion. At diagnosis, the CD4+ count was 69 cells/mm^3. Examination revealed a highly vascular, superonasal heterogeneous mass with associated hemorrhage (**Figure**, A). High-resolution optical coherence tomography showed a subepithelial, hyperreflective, hypercellular tissue (Figure, B). The lesion was excised using the no-touch technique and cryotherapy. Histopathology revealed spindle-shaped cells positive for *Human herpesvirus 8* stain (Figure, B, inset). Conjunctival Kaposi sarcoma (KS) lesions are usually red, dark brown, or violaceous; flat or elevated; and may be associated with subconjunctival hemorrhage.[1,2] Localized KS lesions can be treated with surgical excision.[1] In patients who are positive for HIV infection, HAART can be used as sole treatment[3] or in combination with interferon injections[4] or chemotherapeutic agents.[5] Ocular KS lesions have become uncommon amid the widespread use of HAART.[6]

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ARTICLE INFORMATION

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