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DISSEMINATED BACILLARY ANGIOMATOSIS IN ONE AIDS PATIENT.

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A 26 year-old man, white, homosexual, from Rio de Janeiro, Brazil, had a diagnosis of AIDS group IV (CDS, 1987) in November 1989, when he presented a clinical and tomographic pictures of SNC toxoplasmosis and thrush. Clinical evolution showed a progressive loss of weight, daily fever, diarrhea and prostration. In March 1990, he was admitted in the Evandro Chagas Hospital, with fever, tachypnea, cachexia, anemia, important hepatomegaly and violet nodular skin lesions. Progressive respiratory insufficiency, anasarca and severe diarrhea, with no response to antibiotic therapy was followed by death after 20 days. Autopsy showed many violet nodules in an enlarged liver and small bowel mucosal surface, similar to those found in the skin. Histopathological analysis revealed nodular proliferations of small vessels, lined by protuberant endothelial cells. One of the skin lesions was polypoid, with epithelial collarete similar to pyogenic granulomas. There was oedematous stroma with an infiltrate of macrophages, neutrophils, and eosinophile material around vessels in the H&E stained sections. Warthin-Starry staining showed the presence of bacterias, mainly around vessels. Immunoperoxidase technic was applied in the lesions. Positive reaction was observed with anti-Factor VIII antibody in vascular wall and Common leukocyte antigen and anti-Alpha-1-antichymotrypsin antibodies were positive on stroma cells. The histological picture of the skin lesion was the same observed in liver, spleen, small bowel, pancreas, ones and permitted the diagnosis of Bacillary (Epithelioid) Angiomatosis.