

4th International Conference on Clinical & Experimental Dermatology

April 14-16, 2014 Hilton San Antonio Airport, TX, USA

Endemic (African) kaposi sarcoma: Presenting with pathological fracture of the left tibia and fibula

Maurice Efana Asuquo
University of Calabar, Nigeria

Background Moritz Kaposi a Hungarian dermatologist first described Kaposi sarcoma (KS), a malignant tumour of vascular origin from undifferentiated vasoformative spindle-shaped cell in 1872. There are 4 clinical variants: classic (Mediterranean), African (endemic), immunosuppression (transplant) associated and acquired immunodeficiency syndrome (AIDS) associated KS all with identical histologic features. It presents mainly as a cutaneous lesion and musculoskeletal involvement is uncommon and occurs secondary to local extension from the skin. Case presentation of a 52-year old male farmer presented with pain and inability to walk properly with the left lower limb of 2 months duration. Three years prior to presentation, he first noticed a painless growth on the left foot, which progressed to multiple nodules with some, ulcerated at presentation. Swelling noticed initially on the foot progressed and extended to the lower part of the left leg. Prior to presentation, he had traditional treatment with oral and topical medications to no avail. On examination, he was chronically ill-looking, afebrile, pale, anicteric, unilateral (left) non-pitting pedal oedema, and left groin lymphadenopathy. Chest and abdominal examination were unremarkable. Left lower limb examination revealed a patient that walked with a limp with the aid of a walking stick, non-pitting oedema of the left foot extending to the middle third of the leg with a slight deformity of the lower third. Other findings were hyper pigmented patches, multiple nodules that ranged from 0.5-2.5cm with some ulcerated. Investigations revealed a packed cell volume (PCV) of 25%, white blood cell (WBC) count of $5.5 \times 10^9/l$, neutrophils- 70%, eosinophils- 1%, and lymphocytes- 29%. Platelets $236 \times 10^9/l$, erythrocyte sedimentation rate (ESR) 112mm/hr, retroviral serology I&II negative. X-ray of the left foot and leg showed soft tissue swelling with lytic destruction of the distal third of the tibia as well as pathological fracture of the tibia and fibula, with an ill-defined stippled soft tissue calcification seen in the distal third of the soft tissue of the leg adjacent to the lytic bone destruction. Incision biopsy of the foot nodule mesenchymal tumour composed of spindle cells enclosing vascular channels - KS. A diagnosis of advanced KS with pathological fracture of the left tibia/fibula and dystrophic calcification of soft tissue (muscle) was made and managed with cytotoxic chemotherapy, Vincristine and Epirubicin with partial response (diminishing sizes of the nodules/oedema). Conclusion Kaposi sarcoma if neglected present with significant morbidity. Ignorance, sociocultural and poverty were underlying issues, health education on early presentation and diagnosis will improve outcome. Not all is known of the tumour biology of KS hence the need for further research.

Biography

Upon completion of the Fellowship in Surgery (FWACS) in 2000, he joined the University of Calabar as a lecturer in 2001. Today he is a Professor/Chief Consultant Surgeon, University of Calabar/University of Calabar Teaching Hospital, Calabar, Nigeria. He is a Fellow of the International College of Surgeons (FICS), and served as the Head of Department of Surgery, University of Calabar, Calabar, Nigeria and is the current Dean, Faculty of Medicine, and Dentistry. His major research interest is dermatologic oncology. Currently he is Head of the Oncology unit of the University of Calabar Teaching Hospital, Calabar, Nigeria. Attended several International and Local conferences, presented several papers on dermatologic oncology and member of Dermatology-2014 Organising Committee. He pioneered research resulting in over 80 publications with 35 publications on dermatologic oncology. Kaposi sarcoma: Changing trend in Calabar (Asuquo et al 2008) and recently, Major dermatological malignancies encountered in the University of Calabar Teaching Hospital, Calabar, South Nigeria (Asuquo et al 2012), Oculocutaneous albinism and skin cancer in Calabar, South Nigeria (Asuquo et al 2013) and Marjolin's ulcer: mismanaged chronic cutaneous ulcers (Asuquo et al 2013).

mauefas@yahoo.com