

Case Report

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Beating the Pink

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Abstract

Introduction: Kaposi sarcoma (KS) is an HIV associated skin lesion. Kaposi sarcoma is rare in HIV negative patients and is associated with HHV-8 infection. Clinically it presents as a pink nodular mass, single or multiple which can mimic pyogenic granuloma and bacillary angiomatosis. The etiology associated with HHV-8. Treatment options modalities can vary between from electrocautery to surgical excision.

Case report: A man in his 50s came to the dermatology department with a pink purplish nodular mass on his leg that had developed over two years. He had no subjective complaint. Histopathological examination confirmed diagnosis of KS. The patient's blood screening and investigations were all normal including viral markers.

Conclusion: Kaposi sarcoma is an associated skin lesion. It should be distinguished from some vascular tumors such as pyogenic granuloma (PG), pseudo-Kaposi sarcoma, and bacillary angiomatosis (BA).

Keywords: Dermoscopy; Kaposi's sarcoma; Pyogenic granuloma; Pseudo-kaposi sarcoma; Rainbow pattern; Bacillary angiomatosis; Vascular structure

Introduction

This lesion can be confusing as it looks like a pyogenic granuloma and in fact, many clinicians do diagnose it as such. With the history of the gradual growing up of a raised bump in the man left lower leg since two years (Figure 1), and the fact that it was pink and rounded to nodular and smooth with vascular appearance, but had not bled, painless, non itchy, and did not drain. It was not easy to diagnose. Other differentials can be pseudo-Kaposi sarcoma [1-4] and Bacillary angiomatosis. However, pyogenic granuloma usually has a young skin collerate around the base while Kaposi sarcoma does not.

Case report

A Turkish man in his 50s presented to the dermatology department with a worrying noticeable pink -purplish (violaceous) nodular mass on his lower left inner thigh leg which had developed over two years, with no pain, itching or bleeding.

He was not taking any medication. He was not neutropenic or immunocompromised. He was not a smoker not a drinker as well.

On examination, there was a single nodular purplish lesion on the lower left inner thigh leg. Other skin and oral cavity was not involved.

The lesion was biopsied and histopathology confirmed the diagnosis of KS with immunohistochemical stains positive for HHV-8.

Patient's HIV test was negative. Further evaluations, including blood cell count and biochemistry, chest radiography and endoscopic studies, were unremarkable. Review of systems included ocular, ENT, neck, respiratory, cardiac, GI, GU, dermatologic, neurologic, rheumatologic and vascular were negative, including viral markers. The patient was not on any sort of medication for any ailment. He is otherwise healthy.

Treatment options were discussed with patient however he declined treatment at start. Surgical excision was done under local anesthesia.

The major goals of treatment are symptom palliation, prevention of disease progression and shrinkage of tumor and psychological stress [2].

Local therapies are forms that can be helpful for the management of symptomatic large KS lesions or for cosmetic reasons; however they do not put off the growth of new lesions in untreated area [2] (Figure 1).

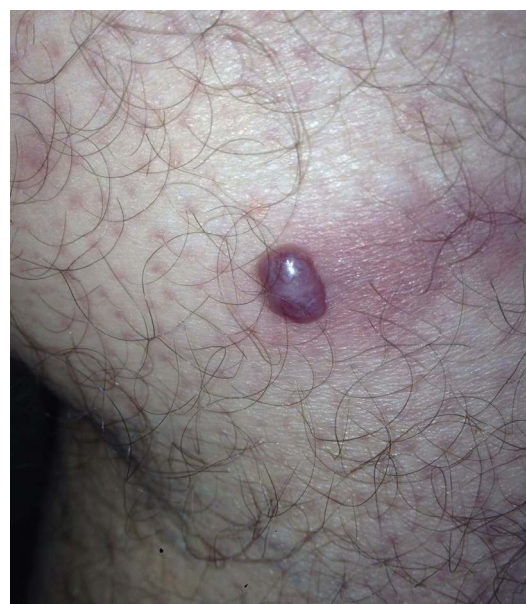


Figure 1: A purplish nodule on the lower thigh Image courtesy Dr Omer Elmas.

Local modalities should be individualized and includes nonintervention, radiotherapy, intra-lesional chemotherapy, surgery, topical imiquimod, and cryotherapy, laser, photodynamic therapy and antiviral drugs [3], and topical alitretinoin. Chemotherapy and liposomal doxorubicin however can be reserved for far more advanced disease with rapid progression [2-4].

The classical form of Kaposi sarcoma frequently has an indolent course with a good prognosis, and few deaths that is attributable to the

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Figure 2: Dermoscopic examination revealed bluish-reddish coloration. Image courtesy Dr Omer Elmas..

condition itself [3,4].

However histology showed an edema in papillary dermis and capillary vascular proliferation, spindle cell proliferation with clefts in lobular pattern. Also the immunohistochemical stain CD34 was positive. Report reading was as tumoral stage Kaposi sarcoma. Also the immune-histochemical stain for HHV8 was positive too.

Kaposi sarcoma can grow spontaneously on the skin surface. However the lesion was left by the patient for two years without seeking a medical advice. Physically the lesion is difficult to ascertain the diagnosis.

Kaposi's sarcoma is a type of cancer that's often found in AIDS patients' skin and mucosa and even in the internal organs. It is a sign that the immune system is being deranged and getting compromised. The patient was in his late fifties and was in good health. His HIV status was negative.

Dermatoscope examination revealed a well or sharp circumscribed pink nodule with structureless pink to white nodule and white lines of collagen, red clods, red lines and white septal structureless (Figure 2). It is well known that KS has distinctive dermatoscopic findings of rainbow spectrum of multicoloured areas showing various colours. However that cannot be found in the vascular KS [5].

Discussion

The lesions of KS can present as an indurated skin lesions on the lower legs [1]. KS is a low-grade vascular lesion associated with infection with the human herpes virus 8 (HHV-8) [2].

The epidemiology of KS suggested a link between the development of disease and a transmissible agent [2].

The skin lesions of KS most often appear on the legs or face. They may look appalling, but in many instance they usually cause no

symptoms. However, some lesions on the legs or in the groin area may cause the legs and feet to swell up painfully.

There are four different variants of KS which can be classified according to geographical and clinical settings, namely:

1-Epidemic (AIDS-related) Kaposi sarcoma: which is more common in the USA and is HIV related.

2-Classic (Mediterranean) Kaposi sarcoma: which is rare and it occurs mainly in older people of Mediterranean lineage and some claimed Jewish descent as well², Eastern European, and Middle Eastern heritage, and its more common in men than in women. And in such patients, usually the lesions develop as a single or multiple nodules on the lower legs, ankles, or the soles, and won't grow quickly. Such patients immunity usually is not weak as the HIV related type.

3-Endemic (African) Kaposi sarcoma: Its also called as African KS. KSHV (Kaposi sarcoma associated herpes virus) infection. In this type the immunity can be weakened by other factors such as malaria, other chronic infections, and malnutrition and can affect both children and women and it can progress quickly.

4- Iatrogenic (transplant-related) Kaposi sarcoma where the lesion will regress after stoppage which may not always the case [2].

5-Kaposi sarcoma in HIV negative men: who have sex with men and it will be milder form since its HIV negative partner. This patient has met the "classic" type criterion.

It has also been found that there are links of the HPV virus with those who develop non AIDS Kaposi's sarcoma [2].

Diabetes mellitus, lymphomas and secondary infections were found to be frequent comorbidities [3]. In conclusion, the case presented was a Kaposi sarcoma non HIV type. Kaposi's sarcoma-associated herpesvirus (HS) is the eighth human herpesvirus. Kaposi's sarcoma, a vascular tumour caused by herpes 8 viruses, commonly seen in patients with AIDS. This patient was not HIV positive. A diagnosis of Kaposi's sarcoma can only be made by biopsy. Proper work up is required and treatment options vary and need to be tailored to each patient.

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