

A man with violaceous nodules

Introduction

Kaposi's sarcoma is a tumour caused by human herpesvirus 8. It was originally described by Moritz Kaposi, a Hungarian dermatologist practicing at the University of Vienna in 1872. It became more widely known as one of the AIDS-defining illnesses in the 1980s. The viral cause of this cancer was discovered in 1994 (Antman and Chang, 2000).

Kaposi's sarcoma is a systemic disease that can present with cutaneous lesions with or without internal involvement. This article describes a 78-year-old man with widespread facial skin lesions of non-AIDS associated Kaposi's sarcoma.

Discussion

Kaposi's sarcoma is a systemic disease that can present with cutaneous lesions with or without internal involvement. It is a rare neoplasm of lymphatic endothelial cells which frequently presents as multiple vascular cutaneous and mucosal nodules.

There are four variants of Kaposi's sarcoma including classic, endemic (mainly seen in Africa), epidemic (AIDS associated), and immunosuppression associated (Antman and Chang, 2000). The classic variant primarily affects elderly men of Eastern European and Mediterranean origin (Jakob et al, 2011). In addition to the demographic predilec-

tion, human herpes virus 8 (also known as Kaposi's sarcoma-associated herpes virus) is strongly implicated in the patho-

Figure 1. Violaceous, firm nodules and tumours scattered all over the patient's face.



genesis of all types of Kaposi's sarcoma (Chang et al, 1994; Antman and Chang, 2000).

Since a standard therapeutic guideline does not exist, the treatment should be chosen depending on subtype and stage of the disease as well as on the immune status of the patient (Voft et al, 2008). The options are radiotherapy, surgical excision, chemotherapy and immunotherapy (e.g. retinoids, thalidomide, interferon alfa). **BJHM**

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Case Report

A 78-year-old man presented to the emergency department with widespread skin lesions which had been present for 3 months. On physical examination, there were violaceous, firm nodules and tumours scattered all over his body including his face (Figure 1). His examination was otherwise normal. His past medical history was insignificant and he did not use any medication.

The laboratory study results were normal and a serological test for human immunodeficiency virus (HIV) was negative. Excisional biopsy of a lesion on his leg was undertaken. The biopsy showed spindle-shaped tumour cells surrounding hyperaemic vascular slits, compatible with the classic variant of Kaposi's sarcoma.

The patient received multiple courses of chemotherapy and radiotherapy with partial resolution of the lesions.

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LEARNING POINTS

- Kaposi's sarcoma is a rare neoplasm of lymphatic endothelial cells which frequently presents as multiple vascular cutaneous and mucosal nodules.
- There are four variants of Kaposi's sarcoma: classic, endemic, epidemic and immunosuppression associated.
- Human herpes virus 8 (also known as Kaposi's sarcoma-associated herpes virus) is strongly implicated in the pathogenesis of all types of Kaposi's sarcoma.
- The treatment options are radiotherapy, surgical excision, chemotherapy and immunotherapy (e.g. retinoids, thalidomide, interferon alfa).