Scholars Journal of Medical Case Reports **ISSN 2347-6559 (Online)**
Sch J Med Case Rep 2015; 3(11):1069-1070 **ISSN 2347-9507 (Print)**

(An International Publisher for Academic and Scientific Resources) DOI: 10.36347/sjmcr.2015.v03i11.017

Kaposi sarcoma without HIV: Non-treatment regression

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Abstract: Kaposi sarcoma is a rare, systemic, multicentric and slowly progressive tumor located at the lower extremities, commonly in feet and heels and characterized with blue-red skin nodules. Although it is seen as a solitary lesion, it is commonly in the form of diffused superficial skin lesions. We are presenting a 84 years-old female patient with a painless, black-purple lesion at her foot pad that has been reported as Kaposi sarcoma after biopsy. The case is interesting as the patient was HIV negative and exhibited a regression without treatment.
Keywords: Kaposi, sarcoma, HIV.

INTRODUCTION

Kaposi sarcoma (KS) is a rare, systemic, multicentric and slowly progressive vascular tumor located at the lower extremities, commonly in feet and heels and characterized with blue-red skin nodules [1]. There are classic, endemic types that exhibit immuno histo chemical findings and histopathologic views seen with immunodeficiency and associated with AIDS [2]. Kaposi's sarcoma was first defined in 1872 by Viennese dermatologist Moritz Kaposi as the idiopathic, multiple, pigmented, hemorrhagic sarcoma of the skin [3]. The first symptom is the plaques and nodules seen particularly in the extremities of the surface skin and less frequently in other organs. Although it is seen as a solitary lesion, it is commonly in the form of diffused superficial skin lesions. In many parts of the World, it is common especially Central Africa and Western Europe, and rare in other parts of the world and in Turkey [1]. The tumor is more common in organ transplant recipients and in patients with suppressed immune system such as AIDS (Acquired Immune Deficiency Syndrome), it prefers the skin of the lower extremity as the location and it is seen in males ages between 50-60[5]. Kaposi's sarcoma has classic, endemic, iatrogenic types seen in Africa exhibiting immuno histo chemical findings and histopathologic views seen with immunodeficiency and associated with AIDS [2]. In this paper, the findings of the patient that received local excision with local lesion treatment and hemostasis purposes and the non-treatment monitoring were presented as a case.

CASE REPORT

An 84 year old female patient admitted to our clinic with complaints of bleeding of the painless purple-black lesion for one year and non-stop of the bleeding. In the physical examination, a hemorrhagic lesion with a size of 2x1 cm in purple-black color with an ulcerated surface was detected. The lesion was excised with considerations of granuloma. There were no additional health problems in spite of the patient's age. In the pre-operative laboratory findings HIV serology was negative. WBC was 5700 and Hb was 11.2. Biochemical parameters were normal. The pathology report of the patient was reported as consistent with Kaposi's sarcoma. CD34 and HHV-8 that were performed with immuno histo chemical method were determined as strong diffuse positive (Fig. 1). No additional treatment was applied to the patient. No recurrent disease was detected in the 3-year follow-up of the patient.

DISCUSSION

Kaposi's sarcoma (KS) is a rare multi centric, neoplastic disease which initially is seen with skin symptoms however can lead to serious complications. KS is categorized under the range of four different epidemiological forms, classic KS, African type endemic KS, iatrogenic KS and HIV-associated KS [4]. The disease is particularly seen in patients with suppressed immune system, so it is an opportunistic tumor [2]. In particular, suppression of the immune system associated with HIV infection is responsible for the development of Kaposi's sarcoma. However, HIV infection should not be considered as the only factor. Because Kaposi's sarcoma incidence has increased by 0.8-3% in some HIV negative organ transplant recipients at the end of immunosuppressive treatment. In an ethiological study conducted in 1994, Chang et al. has defined Human Herpes Virus 8 (HHV8) associated with KS. In our case, the patient had no additional problems and also HIV serology was negative [5]. The

patient is an 84 year old female with very good general condition. The disease has no curative treatment. There are different methods that can be implemented in its treatment. These are local excision, cryosurgery, laser therapy, immunotherapy, chemotherapy and radiotherapy. The most effective treatment option is radiotherapy and it is the first treatment method that has to be implemented in Kaposi's sarcoma. In our case, our 2nd level health center recommended the patient a local radiotherapy in a 3rd level advanced center following a local excision, the treatment was rejected by the patient and relatives. No problem was encountered in 3 years period; no complaints were reported regarding the said area. Spontaneous regression, albeit rarely, was reported to be iatrogenic type, regression in AIDS related type is generally seen as a result of anti-retroviral treatment.

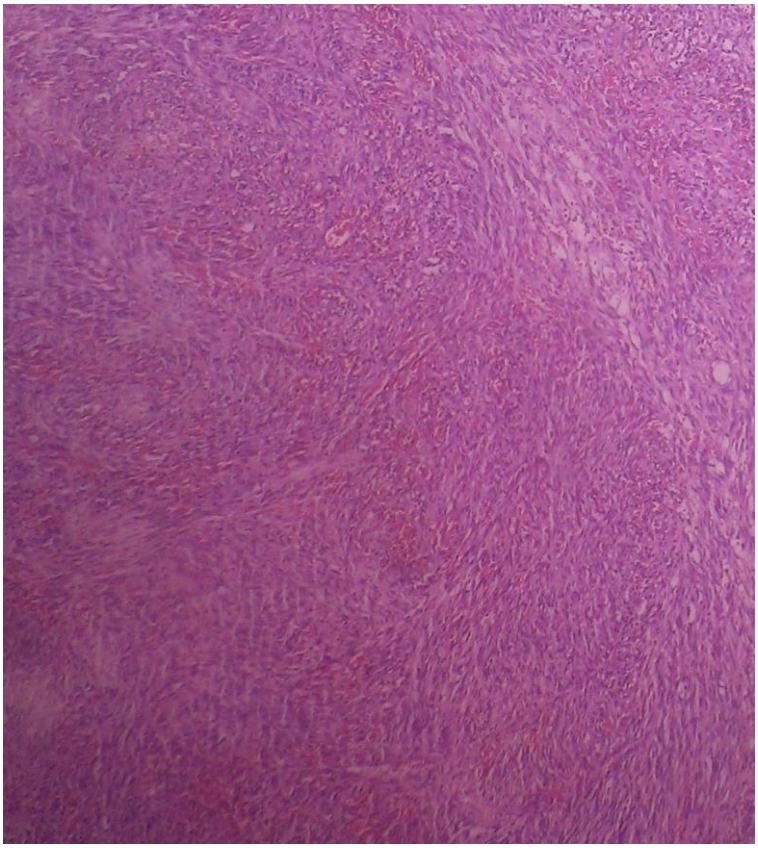

Fig- 1: CD34 were performed with immuno histo chemical method and determined as strong diffuse positive

CONCLUSİONS

The regression seen in our case in a 3 years period and no encounters with any health problems is associated with the patient having no additional health problems and good general condition. The patient having no oncological problems, no exposure to chemotherapy and radiotherapy, no history of immunosuppressive therapy ingestion was considered as the primary factors in this recuperation.

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