



A Rare Case of Kaposi Sarcoma in an Immunocompetent 78 Year Old Male

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Abstract

Kaposi sarcoma (KS) is a rare tumor typically associated with human herpes virus 8 (HHV-8). This case outlines the diagnosis and treatment of a 78-year old immunocompetent homosexual male diagnosed with Kaposi sarcoma and HHV-8. The patient underwent excisional biopsy with clear marginal resection. A short course of radiation therapy was performed. The patient had a successful outcome with no signs of recurrence.

Keywords: Kaposi Sarcoma, Human Herpes Virus 8, tumor

Kaposi sarcoma in an immunocompetent homosexual male

Kaposi sarcoma (KS) is a rare tumor typically associated with human herpes virus 8 (HHV-8) [1]. KS is classified into four distinct varieties: classic/sporadic, AIDS-associated, African/endemic, and iatrogenic. All varieties tend to display similar clinical and histopathologic characteristics. All subtypes are invariably linked to human herpesvirus-8 and show a male predilection [2]. The classic variety is commonly associated with older men of Mediterranean or Eastern European descent [3]. KS is a multifocal mesenchymal neoplasm characterized by angiogenesis, inflammatory infiltration, and endothelial derived, spindle shaped tumor cells [4]. The tumor manifests itself most commonly with brownish macular or infiltrated oval lesions on the lower extremities [5]. The common sites the lesions are found include the soles of the feet and the arches. The legs, hands and forearms can also be affected. The lesions usually appear pigmented ranging in color from bluish-red to brown. As the disease progresses the lesions may coalesce to form firm rubbery nodules. Advanced cases of KS may affect the gastrointestinal tract, liver, lungs, adrenal glands, lymph nodes and heart.

Involvement of bone indicates development of widespread disease, with rarefaction, cysts and cortical erosion appearing on radiographic evaluation [6].

Case Report

This case reports the diagnosis and care of an HIV negative, immunocompetent, homosexual elderly male of Eastern European descent. The patient was 78-year-old male that initially presented with a lesion along the lateral aspect of the foot that was believed to be a wound (Figure 1ab). The patient reported the lesion to be present for approximately 3 weeks. He was originally treated by an urgent care and diagnosed with a wound and cellulitis. He was treated with a 10-day course of Keflex. During that time the patient reported that the lesion grew in size with surrounding callus formation. The patient then presented for care to our office, a multi-specialty orthopedic practice for further evaluation. X-rays of the foot were taken and revealed no evidence of underlying osseous changes or signs of osteomyelitis. Upon attempted debridement of the lesion in our office findings were suspect for additional pathology. There were no visible signs of infection. Mild tenderness

to palpation was noted over the lesion site. The foot was otherwise stable, well aligned and neurovascularly intact. The patient was sent for MRI imaging for further evaluation. The MRI revealed a 1.3x1.2x0.7 cm well circumscribed lesion within the subcutaneous tissue (Figure 2,3,4). Biopsy was recommended.

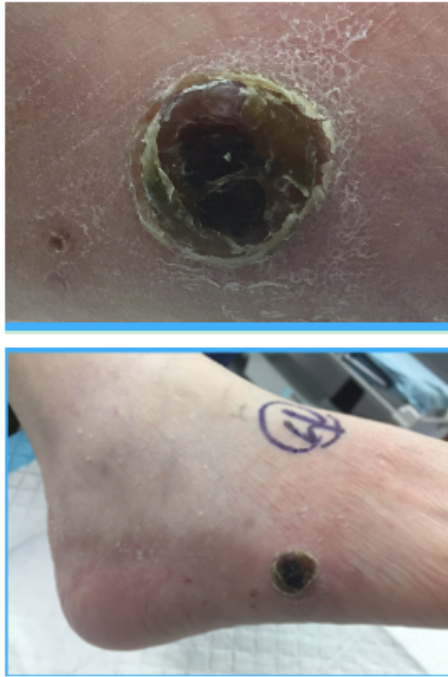


Figure 1: (a, b: Images demonstrate 1.2x1.3 cm well circumscribed hyperpigmented lesion along the lateral aspect of the foot.

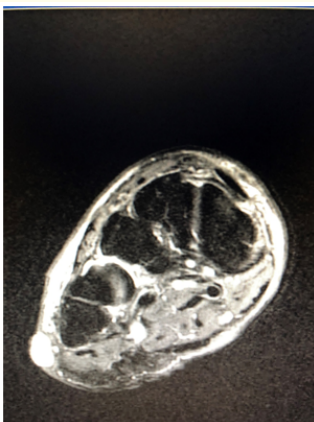


Figure 2: T2 coronal image demonstrating 1.3x1.2x0.7 cm well circumscribed enhanced lesion.

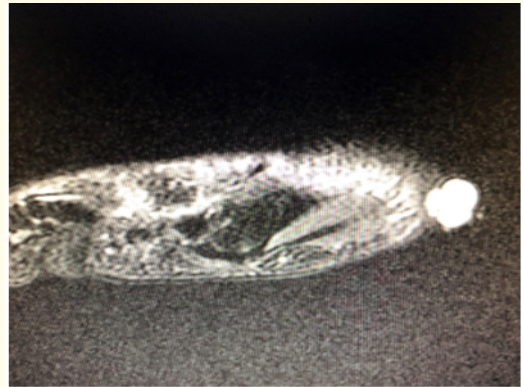


Figure 3: T2 sagittal image demonstrating 1.3x1.2x0.7 cm well circumscribed enhanced lesion within the subcutaneous tissue.

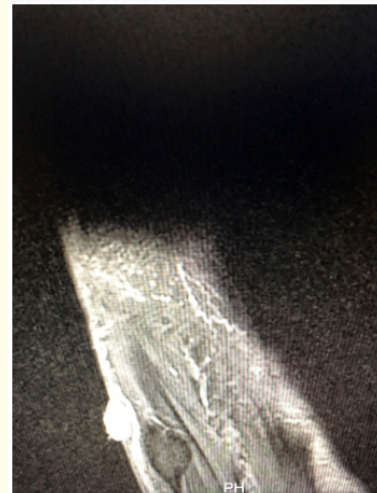


Figure 4: T2 axial image demonstrating 1.3x1.2x0.7 cm well circumscribed enhanced lesion within the subcutaneous tissue.

The decision was made to perform an excisional biopsy of the lesion. The excision was performed and demonstrated clear margins. Pathology revealed a 1.3x1.2x0.3 (depth) cm raised plaque-like, multifocally bosselated, well circumscribed lesion. The diagnosis was Kaposi's Sarcoma.

Once diagnosis of the lesion was confirmed further work-up of the patient was performed under the guidance of the patient's primary care physician and an oncologist. The patient underwent testing for sexually transmitted diseases. His results were negative with the exception of HHV-8. The patient was placed on Valtrex for

treatment of this condition. The patient underwent a short course of radiation therapy following healing of the surgical site. The patient was cleared by oncology and will monitor for any signs of recurrence.

At 6 months post operatively the patient remains asymptomatic with no signs of recurrence.

Discussion

KS was first described by Moritz Kaposi in 1872 as an idiopathic multiple pigmented sarcoma of the skin [6]. Development of KS has been linked to the presence of (HHV-8). The virus has been identified as a common factor in all subtypes of KS regardless of geographic location or patient demographics [7]. Although rare, there have been several diagnosed cases of patients reported to have been diagnosed with KS associated with HHV-8 that are non-immunocompromised [1,7]. Our case adds to this body of literature.

Several treatment options for KS have been described. Excisional biopsy is recommended in patients with a solitary lesion [8], such as ours. Cryotherapy has also been described in the literature for patients presenting with a single lesion site [9]. Radiation therapy has been described as an adjunctive form of treatment. Commonly these will be used in patients with several lesions over a limited area [10,11]. Our patient did receive a short course of radiation treatment. This was done on a precautionary basis per recommendation of the oncologist.

More advanced cases of KS are treated with a combination of surgery, chemotherapy and radiation [6].

Conclusion

Kaposi sarcoma has been rarely reported in cases of immunocompetent men, however, when present with a typical appearance of Kaposi's sarcoma, with a history of homosexual lifestyle [1]. Like with our patient, early diagnosis and surgical excision typically lead to a favorable outcome.

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