

KAPOSI'S SARCOMA OF THE ORAL CAVITY IN AN HIV-POSITIVE PATIENT: IMPORTANCE OF EARLY DIAGNOSIS AND MULTIDISCIPLINARY MANAGEMENT

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Aim: to describe a clinical case of HIV infection diagnosed after the observation of oral lesions, highlighting the central role of the oral medicine specialist in the early detection of apparently silent diseases.

Methods: we report a case of 32-year-old male patient who was attended at the Oral Medicine Unit V. Margiotta of AOUP P. Giaccone in Palermo who underwent an incisional biopsy with histological diagnosis of Kaposi's sarcoma, together with immunohistochemical findings of HHV-8, was enabled the initiation of a multidisciplinary management pathway involving the Infectious Diseases Unit.

Results: clinical examination revealed two red lesions on the posterior palate, characterized by regular margins and surfaces. Biopsy represents a crucial step in the diagnosis of Kaposi's

si's sarcoma, as it allows differentiation from other clinically similar conditions. The "patch" stage was diagnosed in this case. Immunohistochemical identification found out HHV-8+. Following diagnosis, the patient was referred to the Infectious Diseases Unit, where antiretroviral therapy was initiated. After 4 months of treatment, complete remission of the oral lesions was observed. Antiretroviral therapy, by improving immune function and reducing HIV viral replication, can promote regression of Kaposi's Sarcoma lesions.

Conclusions: the oral cavity can represent an initial site of HIV manifestation. Oral mucosal examination should be considered a fundamental component, especially in the presence of atypical, persistent, pigmented, or vascular lesions not attributable to evident traumatic causes.

FIELD CANCERIZATION IN A YOUNG PATIENT WITHOUT CONVENTIONAL RISK FACTORS: A CASE REPORT WITH OCT AS A COMPLEMENTARY TOOL

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Aim: to describe a case of field cancerization in a young patient without known risk factors, highlighting the role of OCT as a useful tool in the longitudinal evaluation of oral mucosal changes and in guiding targeted biopsy.

Methods: we report a case of patient with a history of OSCC who was referred to Oral Medicine Unit of A.O.U.P. Paolo Giaccone of Palermo, for follow-up.

Case presentation: a 36-year-old man, with no risk factors, with previous diagnosis of OSCC of the left lateral tongue, was enrolled in a follow-up program. The follow-up consists of quarterly clinical evaluations, complemented by OCT assessment. In May 2025, patient developed a new OSCC at the same site of the primary tumor; then, surgical excision, including left-sided cervical and submandibular lymph node dissec-

tion, was performed. Histological finding confirmed the OSCC diagnosis. In December 2025, a new lesion was detected in the same area; an incisional biopsy revealed low-grade epithelial dysplasia. In March 2026, intraoral examination shows a new erythematous area on the same site. OCT examination revealed suspicious epithelial and subepithelial architectural changes confirmed by vital staining with toluidine blue. An incisional biopsy was performed, confirming diagnosis of carcinoma *in situ*. The patient was referred to Plastic Surgery and Oncologic Units for management.

Conclusions: this case highlights the importance of surveillance in patients with previous OSCC, even in the absence of conventional risk factors and supports the use of OCT for monitoring oral lesions and guiding targeted biopsy.