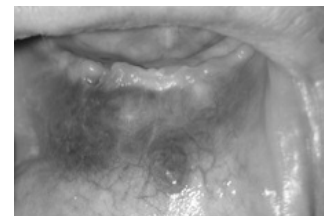


Uncommon diagnosis of Kaposi's Sarcoma in a HIV-negative adult patient



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Kaposi's Sarcoma (KS) has been described as a multifocal malignant neoplasm, originating from vascular endothelial cells. Four clinical types has been recognized: classic, endemic, iatrogenic and epidemic¹. Classic KS has been reported mainly in patients from Mediterranean area and it typically manifests as cutaneous lesions involving the lower extremities and trunk. Classic KS affects only rarely the head and neck region and few cases have been reported as primary oral classic KS. Oral lesions are localized typically in the hard palate (95%), and more rarely they affects the gingiva and the oro-pharynx. Early oral early lesions typically appear as flat pigmented macules of purple or bluish color. After that, the lesions become nodular exophytic and dark and, in certain cases, may ulcerate, resulting

in pain and burning². A 61-year-old man patient was sent at the Sector of Oral Medicine (University of Palermo) for a red oral lesion. The patient reported that the lesion was not healed after tooth extraction (4.3) and 14-day antibiotic therapy. On clinical examination, a flat purple-red macula was observed on the lower labial mucosa with a nodular exophytic lesion of hardened consistency on the midline. Other lesions were not observed in the oral cavity. Two incisional biopsies were performed. For both specimens, the results indicated a proliferation of bizarre shaped vessels, with strands of spindle cells and extravasated red blood cells. HHV8 immuno-histochemistry showed a nuclear staining of variable intensity. The patient was HBV and HCV, HIV-1, HIV-2 negative. The patient was then sent to a dermatologist, who described a 0.6 x 0.4 cm red lesion on the plantar surface. The lesion was biopsied, confirming the diagnosis of KS. The patient was admitted to a specialized service for clinical oncology, and is currently under follow-up. In conclusion, clinicians should consider KS as a possibility during the diagnostic work-up of red/bluish oral lesions, especially in the Mediterranean area. Since, albeit very rarely, KS can involve the oral mucosa, when clinicians diagnose classic KS, it is essential to perform a complete dermatological examination, a PET imaging and a gastroscopic examination to rule out the location of the disease in other body regions.

References

1. Patrikidou A, et al. *Head Neck*, 2009; 31(2):206-8.
 2. Fatahzadeh M, et al. *Oral Surg Oral Med Oral Pathol Oral Radiol*, 2012; 113:2-16.
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