

KAPOSI SARCOMA

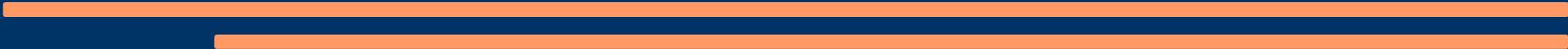
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The term AIDS is used for the first time on July 27th 1982. In people affected by acquired immuno-deficiency syndrome it may often be observed the arise of cutaneous emergencies, whose impact spans from 25% in asymptomatic subjects to 100% in case of very evident AIDS. The frequency and the atypic nature of these emergencies gives an highlighted role to the dermatologist, characterizing the early diagnosis of cutaneous pathologies as the qualifying moment in the analysis of AIDS affected patient. As the starting moment, in the HIV-positive subject examination, search for injuries referable to Kaposi's sarcoma, especially at the mucous level (pharinx wounds are evident in 10 to 50% of total cases). Kaposi's sarcoma (KS) was described in 1872 by Moritz Kaposi a Hungarian dermatologist.



Already in the July 4th 1981, the CDC reports, during the past 30 months, 26 cases of Kaposi Sarcoma. KAPOSIS SARCOMA is a cutaneous malignant neoplasia caused by Human Herpesvirus 8 (HHV8), also known as Kaposi's sarcoma-associated herpesvirus (KSHV). In its early emergence it reveals itself with deep red coloured, inactive maculae, that afterwards take a papulo-nodular look, concerning the whole cutaneous range (face, lower limbs and trunk). Frequent and severe are also the visceral displays (intestine, lungs, spleen and liver).



Actually are known five forms of KS based on manifestations, epidemiology and prognosis. African cutaneous Kaposi sarcoma, African lymphadenopathic Kaposi sarcoma, AIDS associated Kaposi sarcoma, Classic Kaposi sarcoma, Immunosuppression associated Kaposi sarcoma. After the diagnosis of KS, the treatment is based on the difference of localized or systemic disease. Surgical excision, cryotherapy, intralesional injections of vinblastine, alitretinoin gel, radiotherapy, topical immunotherapy (imiquimod), are preferable in localized cutaneous disease. Instead the chemotherapy and immunotherapy are preferable in extensive cutaneous disease or internal disease. The HAART, however, determines the regression of KS, in AIDS related KS. (Abstract)



