Kaposi Sarcoma

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Not a sarcoma, actually a cancer of lymphatic endothelium, forms vascular channels that fill with blood cells, giving the tumor its characteristic bruise-like appearance.
Background

First described 1872 by Hungarian dermatologist Moritz Kaposi.

HHV-8 (the 8th herpes virus identified) determined as cause in 1994. Related to EBV.

Increased incidence in AIDS thought 2/2 HIV-1 Tat protein, which promotes tumorogenesis by several mechanisms (anti-apoptosis, + GFs, etc)

Get characteristic spindle cells that seem to be a hybrid of endothelial cells at different stages
Subtypes


2. Epidemic AIDS-related: Most aggressive type

3. Transplant-associated, immunocompromised: Rare, withdrawal of immunosuppression may reverse the disease

Epidemic KS

Sexual transmission via saliva thought most common.

Risk higher in MSM, not completely clear why, probably multifactorial.

Before 1980, 40-50% of homosexual men with AIDS developed Kaposi sarcoma. Incidence peaked 1989 for WMs, somewhat later for AAMs.

Decreasing incidence with earlier detection of HIV, HAART, safer sex practices.
Clinical manifestations: Skin

Location: lower extremities, face (especially the nose), oral mucosa, and genitalia

Color: many hues of pink, red, purple, and brown

Shape: Elliptical

Location: Along skin lines

Mistaken for: purpura, hematomas, angiomas, dermatofibromas, or nevi

Usually non-pruritic
Symptoms: shortness of breath, fever, cough, hemoptysis, or chest pain.

Radiographic findings: nodular, interstitial and/or alveolar infiltrates, pleural effusion, hilar and/or mediastinal adenopathy, or even an isolated nodule.

Bronchoscopy: cherry-red, slightly raised lesions.
asymptomatic or may cause weight loss, abdominal pain, nausea and vomiting, upper or lower gastrointestinal bleeding, malabsorption, intestinal obstruction, and/or diarrhea

oral lesions very common--15% of cases start in the mouth, 30% of cases have mouth involved, may make eating, talking difficult
Treatment

- Can see regression with HAART—should be the 1st step
- Radiation therapy
- Intrallesional chemotherapy with vinblastine
- Laser, cryotherapy, surgery
- Topical Retinoids
- Chemotherapy for widespread disease (anthracyclines, taxanes)