



DERMATOPATHOLOGY

KAPOSI SARCOMA IN THE GENITAL AREA IN A WOMEN WITH LIVER CIRRHOSIS

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Introduction: Kaposi sarcoma (KS) is an indolent angioproliferative tumor thought to be dependent on viral replication, immune modulation, and inflammatory cytokines produced by infected endothelial and immune cells. We report a case of KS with diffuse localization including the genital area in a woman on corticotherapy

Materials and methods: We present the case of a 85-year-old women with post viral liver cirrhosis put on Sofosbuvir and Daclatasvir for 6 months, who had developed a bullos pemphigoid 2 weeks after the beginning of the treatment. Thereafter corticotherapy was started at the dose of 40mg /j. 2 months after the cessation of anti viral treatment, we have observed infiltrated nodular and purple lesions in the lower right limb and at the genital level with extension to the whole body and unilateral lymphoedema evolving in relapses and remissions. HIV serology was negative. Histology study revealed the presence of KS and in situ research of HHV8 was positive. We have suggested bleomycin cures for our patient.

Results: There are four types of histologically indistinguishable KS: classic, endemic, immunosuppressive therapy related, and epidemic form. In the classic form lesions are localized on distal parts of the lower limbs. This form is more common in men, and it carries quite a good prognosis for the patient. The endemic form's course is aggressive, and the prognosis is poor. The epidemic form affects patients infected with human immunodeficiency virus (HIV). The iatrogenic form is caused by immunosuppressive drugs used in connection with organ transplantation.

Conclusion: We present a case of a woman with a diffuse form of KS installed under low dose corticotherapy and appeared after 4 months of the cessation of hepatitis's treatment. This leads us to ask questions about the possibility of induction of KS by Sofosbuvir and Daclatasvir.

