SKIN CANCER (OTHER THAN MELANOMA)

ANAPLASTIC KAPOSI'S SARCOMA; CASE REPORT

S Mai [1] - S Mansouri [1] - M Meziane [1] - N Ismaili [1] - L Benzekri [1] - K Senouci [1] - K Znati [2] - B Hassam [3]

Ibn Sina University Hospital, Dermatology, Rabat, Morocco [1] - Ibn Sina University Hospital, Anatonopathology, Rabat, Morocco [2] - Ibn Sina University Hospital, Dermatology, Rabat, Morocco [3]

Background: Classic Kaposi's sarcoma (KS) is a skin vascular tumor with low-grade malignant potential. Exceptionally, patients with classic KS develop a more aggressive form called anaplastic KS, clinically notable for its high local aggressiveness, propensity for deep invasion and metastatic capacity.
Diagnosis is based on histopathology, as this variant displays a significantly greater degree of cellular pleomorphism and an increased mitotic index. Few cases have been reported in the context of classic, African, and AIDS-associated KS.
The causes of anaplastic transformation of KS are unclear and different potential inducers, such as a long course of the disease, lymphedema, chemotherapy and immune system defects in HIV-related KS.

Observation: A 50-year-old man, presenting with a large painful tumefaction of the left foot that has been growing for over 6 years, resulting in a complete deformation of the forefoot and toes. Physical examination revealed an enlargement of the left foot with multiple violaceous nodules and seeping ulcerations. The rest of the examination revealed ipsilateral inguinal lymphadenopathies.
HIV test was negative. Histological examination found a dermal proliferation of storiform cells exhibiting moderate to marked cyto-nuclear atypia with high mitotic rate. Immunohistochemistry confirmed the vascular nature of the proliferation and diagnosis of anaplastic KS was confirmed.
An MRI of the affected foot showed massive bone destruction. A thoraco-abdominopelvic CT-scan revealed micronodules of the lungs, hypodense lesion of the liver, lombo-aortic and pelvic lymphadenopathies. Patient was then referred to an oncology department for chemotherapy.

Key Points: Anaplastic KS is clinically notable for its high local aggressiveness and invasive capacity, along with its metastatic capacity. The rarity of this anatomo-clinical variant makes it difficult to correlate its precise clinical features. Diagnosis of anaplastic KS is often not possible solely on the basis of morphological characteristics; it's mainly based on

immunohistochemistry. Treatments are usually deceiving with poor prognosis.