



SKIN CANCER (OTHER THAN MELANOMA)

KAPOSI'S SARCOMA IN A PATIENT WITH CHRONIC LYMPHOCYTIC LEUKEMIA: A RARE ENTITY

Y Soua⁽¹⁾ - K Ameer⁽¹⁾ - M Njima⁽²⁾ - S Boumaiza⁽¹⁾ - A Laatiri⁽³⁾ - M Korbi⁽¹⁾ - H Belhadjali⁽¹⁾ - M Youssef⁽¹⁾ - J Zili⁽¹⁾

Fattouma Bourguiba University Hospital, Dermatology, Monastir, Tunisia⁽¹⁾ - Fattouma Bourguiba University Hospital, Anatomopathology, Monastir, Tunisia⁽²⁾ - Fattouma Bourguiba University Hospital, Hematology, Monastir, Tunisia⁽³⁾

Background: Kaposi's sarcoma (KS) is a spindle-cell malignant low-grade vascular tumor associated with human herpesvirus 8 (HHV-8). Chronic lymphocytic leukemia (CLL) is the most common leukemia. Herein we report a case of KS diagnosed during the course of CLL as a secondary malignancy

Observation: A 75-year old patient, presented with complaints of bluish and indurate lesions on his right lower and upper extremities. He had a 7 months history of stage I CLL for which he had not needed any active drug. Biopsy was practiced from the lesions and KS was diagnosed. Laboratory panels for hepatitis B, C and HIV were negative. Abdominal and thoracic CT scan showed widespread lymphadenopathy with hepatosplenomegaly. Endoscopic and colonoscopic evaluation of the gastrointestinal system revealed normal findings. Since all tests for systemic involvement of KS were negative, the patient was put on a treatment-free follow-up. Progressively skin lesion had spontaneously regressed leaving hyperpigmented patch.

Key message: There is no much information in the literature regarding the relation between CLL and KS. The development of KS is associated with reactivation of HHV-8. Control of HHV-8 infection is mediated by an antiviral T-cell response. It is known that there is an instability in the circulating T lymphocytes in patient with CCL. Based on these findings, latent HHV-8 infection can be reactivated in CLL patients and can trigger KS lesions. Thus, lymphoproliferative disorders along with the presence of immunosuppression may suggest a significant relation between CLL and KS as a possible result of immune disorderliness. Hisada et al. reported that KS is 5 times more common in the CLL population than the normal population.

In conclusion, CLL can dispose to the development of KS. Therefore, physicians should be very careful about the probability of KS in newly and progressively developing skin lesions in CLL.

