



SKIN CANCER (OTHER THAN MELANOMA)

LYMPHANGIOMA-LIKE KAPOSÍ SARCOMA WITH BULLA-LIKE CLINICAL APPEARANCE; THREE CASE REPORTS

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Background: Classic Kaposi sarcoma (KS) is a lymphoangioproliferative disease caused by human herpes virus (HHV) 8. Lesions occur mostly on the lower limbs and, more rarely, in internal organs. It is characterized by clinical and histopathological polymorphism. New clinical manifestations and histological variants of KS have been described. Bullous lesions have been only rarely described in KS. Here, 94, 92 and 79 years old Turkish women diagnosed as lymphangioma-like KS with bulla-like clinical appearance are presented.

Observation: First patient was referred for smooth purple patches and plaques on the lower extremities, which had grown slowly for at least 8 years. She was clinically and histopathologically diagnosed as HIV negative KS and treated with imiquimod under occlusion three times a week. After twelve weeks, purple patches and plaques resolved. But three months later, she came to our clinic with giant bullous lesion over the purple patch. Second and third patient applied to our clinic with directly erythematous pseudo-bullous lesions on their lower extremities which are existed for two and three years. Biopsies of lesions which are taken from bullous areas of each patients, revealed histological findings of lymphangioma-like KS, together with areas of classic KS; HHV-8 staining was positive. All three patients were clinically and histopathologically diagnosed as lymphangioma-like KS.

Key Message: Newer histological variants include anaplastic, hyperkeratotic, lymphangioma-like, bullous, telangiectatic, ecchymotic, keloidal, pyogenic granuloma-like, micronodular, intravascular, glomeruloid and pigmented KS, as well as KS with sarcoidlike granulomas and KS with myoid nodules. Latency-associated nuclear antigen (HHV8) is the most specific immunohistochemical marker available to help distinguish KS from its mimics. Bullous KS defines bullous/pseudobullous appearance, ascribed to lymphangiectasia and which is clinically dominant. This rare condition can be distinguished into those associated ecstasic lymphatics, lymphangiectatic and lymphangioma-like KS and those due to the accumulation of dermal oedema.

