

SKIN CANCER (OTHER THAN MELANOMA)

ULTRASONOGRAPHIC INTRAOPERATIVE MONITORING AND FOLLOW-UP OF KAPOSI'S SARCOMA NODULES UNDER TREATMENT WITH INTRALESIONAL VINCRISTINE

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Background: Intralesional vincristine is an effective treatment for Kaposi's sarcoma (KS) nodules on the skin, but there is little evidence of its action through imaging techniques. Ultrasonography can be an adjunctive tool in the diagnosis and management of KS skin lesions, but data in the literature are few.

Materials and Methods: Five patients with classic KS nodules were treated with intralesional vincristine. Ultrasonographic and color Doppler assessment were performed during vincristine injection and monitoring was repeated 1 month and 3 months after the procedure. Partial response was defined as a reduction of more than 50% lesion volume and reduction of the vascular signal; complete response as a resolution of lesion associated with absence of vascular signal.

Results: Six KS nodules were included in the study. On ultrasonography examination, KS nodules appeared as oval or round, hypoechoic, homogeneous structures, with intralesional vascularization, more prominent in the deepest pole of the nodule. At month 1, 4 nodules achieved a complete response, while two nodules showed a partial response and were re-treated with intralesional vincristine. At month 3, all lesions achieved a complete response.

Conclusion: Ultrasonography may be a valuable tool in assessing clinical response to intralesional vincristine therapy of cutaneous KS nodules.