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Clinical Image

Iatrogenic Cutaneous Kaposi Sarcoma Associated with Chronic Corticosteroid Therapy

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Image Case Presentation:

A 76-year-old man with polymyalgia rheumatica on prednisolone presented with erythematous violaceous maculopapules on the lower limbs, which did not blanch on digital pressure, were non pruritic, non-bleeding and painless, under outpatient follow up. Due to an increase in the number of these lesions on the lower limbs, with extension to the left upper limb (Figures 1 and 2), reaching a maximum diameter of 2 cm, hospital observation was warranted. Physical examination revealed no mucosal involvement and no palpable lymphadenopathies. Laboratory tests showed negative serologies for HIV, EBV, syphilis and hepatitis B/C, excluding other causes of immunodeficiency. Cervical, thoracic, abdominal and pelvic computed tomography revealed no abnormalities. Skin biopsy demonstrated a perivascular lymphocytic infiltrate with scattered plasma cells in the dermis and proliferation of irregular and asymmetric blood vessels. Immunohistochemistry was positive for human herpesvirus type 8 (HHV 8). Based on the clinical and histological findings, and after excluding differential diagnoses, a diagnosis of iatrogenic cutaneous Kaposi's sarcoma in the context of chronic corticosteroid therapy was established. Corticosteroid therapy was reduced, with improvement and progressive regression of the lesions. Kaposi's sarcoma is a rare angioproliferative tumour, [1,2] typically cutaneous, [3] with either indolent or aggressive behaviour, in which HHV 8 plays a central role in its pathogenesis [1,3,4] and can be detected in all its variants [4]. HHV 8, associated with states of immunosuppression such as rheumatological disease treated with corticosteroids, may induce Kaposi's sarcoma [4,5]. Lesions may range from macules and plaques to violaceous exophytic tumours, [1,2] potentially invading adjacent tissues, and discontinuation of the immunosuppressive drug is recommended [5].

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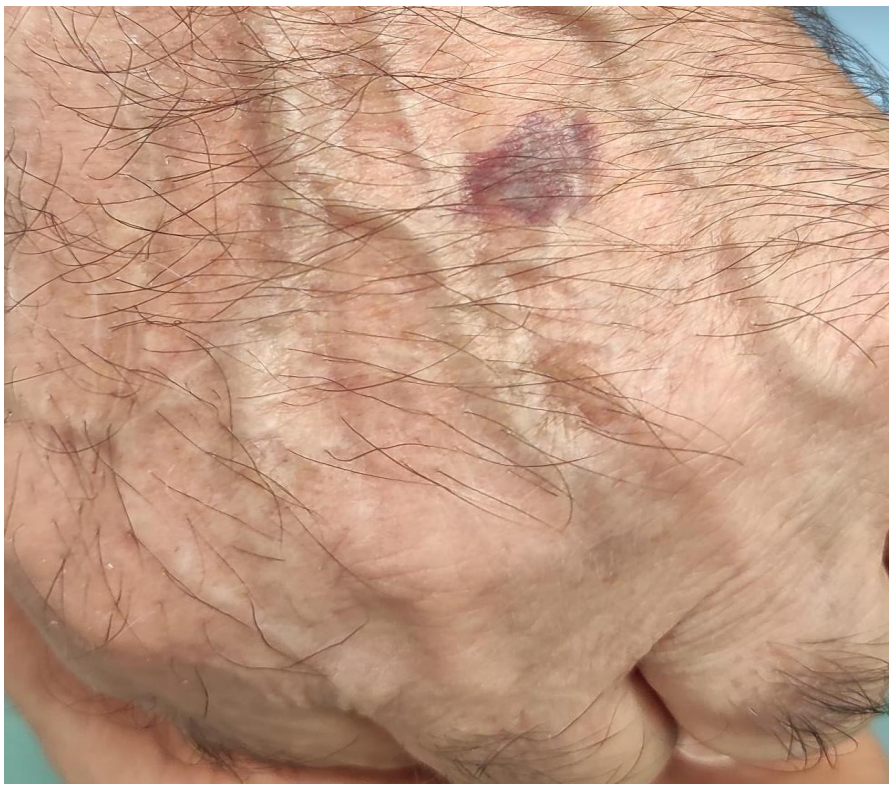

Figure 1: Erythematous-violaceous maculopapule on the dorsum of the hand, compatible with an early cutaneous lesion of iatrogenic Kaposi's sarcoma in the context of chronic corticosteroid therapy.

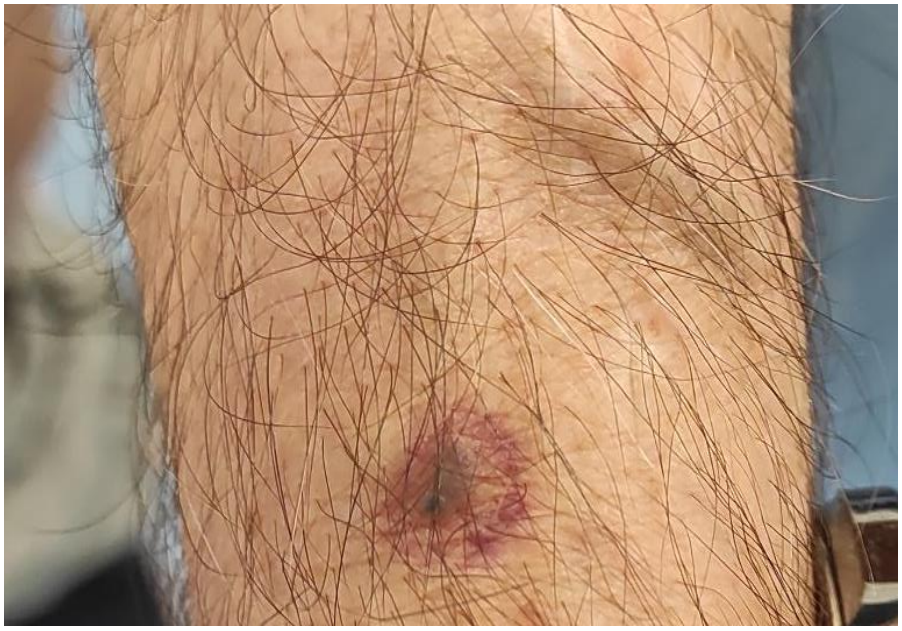

Figure 2: Erythematous-violaceous maculopapule on the forearm, compatible with a cutaneous lesion of iatrogenic Kaposi's sarcoma in the context of chronic corticosteroid therapy.

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Reference:

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