Multiple Eruptive Dermatofibromas in an AIDS Patient: A New Differential Diagnosis of Kaposi's Sarcoma

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The clinical differential diagnosis of Kaposi's sarcoma is large with more than 35 possibilities [1]. Multiple eruptive dermatofibromas in HIV-infected persons have not previously been reported before Murphy et al. [2]. This entity is probably underestimated and can mimic Kaposi's sarcoma as it is illustrated in the following case report.

A 37-year-old homosexual Caucasian was known for AIDS disease (stage C3) with prior Candida esophagitis and a very low CD4 count (5 cells/mm³). He was treated with zidovudine and zalcitabine associated with a fluconazole and trimethoprim-sulfamethoxazole prophylaxis. He consulted our clinic for evaluation of asthenia, anorexia and abnormal liver tests. Finally, disseminated infection with Mycobacterium genavense was suspected [3], and the symptoms disappeared with a combination of clarithromycin, etham-butol and clofazimine. At the initial physical examination, 7 firm, purple-brown nontender papules ranging in size from 2 to 6 mm were noted on the skin (4 on the back, 2 on the anterior left thigh and 1 on the right foot). A very light desquamation was seen at the top of the

lesion. All lesions except that of the foot were recent and were not pruriginous. Our first diagnosis was Kaposi's sarcoma. Biopsy firmly excluded this diagnosis and showed a typical dermatofibroma with an ill-defined dermal tumor. Characteristically the epidermis above the lesion was hyperplastic and hyper-pigmented. A grenzzone was present immediately under the epidermis. The dermal part was composed of interlacing fascicles of slender spindle cells and collagen. Histio-cytes were scattered between the spindle cells, and thin-walled blood vessels were rare within the lesion and dilated at the periphery. Multinucleated giant cells, neovascularization with angulated vascular channels, extra-vascular red blood cells or mitotic figures were absent. Diagnosis of multiple eruptive dermatofibromas was made, and no specific treatment was proposed.

This case shows that eruptive dermatofibroma is not rare in AIDS patients and can mimic Kaposi's sarcoma. It should be considered in the clinical differential diagnosis. Multiple eruptive dermatofibromas in AIDS can help the dermatologist to understand the pathogenesis of this common tumor of the skin. In this regard, the concept developed by Nestle et al. [4], which explains dermatofibroma as an abortive immunoreactive process, featuring dermal dendritic cells as initiators of the disease is very interesting.

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