Kaposi's Sarcoma + HIV Infection = AIDS?

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Sir,

Is Kaposi's sarcoma (KS) associated with human immune deficiency virus (HIV) infection always diagnostic of AIDS as mentioned in the revised version of the CDC surveillance case definition [1]? We

believe that the answer to this question is no because of the following case report.

In 1981 a 71-year-old man of Italian origin sought medical advice at our dermatology outpatient clinic for a skin lesion on the left foot. It consisted of a bluish macule covered with a purple pediculated tumor of 0.4 cm in diameter and was located on the dorsum of the 2nd toe. Another three small bluish macular lesions were present on the 5th toe as well. Histological examination revealed KS. A lymphography was performed and showed bilateral iliac lymphadenopathies. The patient was considered to be suffering from the Mediterranean form of KS and was treated with chlorambucil (4 mg/day) for a few months. He was then lost to follow-up until March 1989 when he consulted us again because of a reoccurrence of tumoral skin lesions on the same foot but had been in excellent health since 1981. There was evidence of extension of the disease (KS) to both feet with altogether eight macular and nodular lesions, the largest one measuring 5 cm in diameter and two pediculated and eroded tumors on the 3rd and 5th toe of the left foot. Clinical examination was otherwise unremarkable except for the presence of bilateral inguinal lymphadenopathies. Further inquiry then revealed a long-lasting history of homosexuality and a positive serology for HIV since 1986. Total blood count was normal, including lymphocyte count with T helper subset (CD4) at 482/mm³ and suppressor (CD8) one at 1,200/mm³. P 24 antigen was not detected. The two eroded and bleeding lesions were excised and histological examination was consistent again with the diagnosis of KS. The patient refused any further investigations or treatment.

In this case we believe that classical KS is the most likely diagnosis because of the age, sex, origin and type of skin lesions of our patient. In 1981 HIV testing was unavailable and consequently his serological status was unknown. However, it seems that an epidemic form of KS can be further ruled out due to the length of survival, i.e. 8 years and the characteristics of the skin lesions which have remained located on the lower limbs [2].

We do not know of any other report in the medical literature concerning a case of classical KS in association with HIV infection. It is therefore of great interest to note that the behavior of this form of KS does not seem to have been altered by at least 3 years of coexisting retroviral infection. This case should remind us of the possibility of people suffering from Mediterranean

KS to be subsequently infected with HIV, and thorough medical history and clinical examination should be performed before classifying these patients as having AIDS (CDC stage IV D).

References

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