

**GASTRIC AND CUTANEOUS LOCALIZATION OF KAPOSI'S SARCOMA HIV
NEGATIVE: ABOUT A CASE WITH REVIEW OF THE LITERATURE**

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SUMMARY

Kaposi's sarcoma is a rare disease that causes skin tumours, the frequency of digestive involvement is less, HIV positive diseases. We report a clinical case of Kaposi's sarcoma with both gastric and cutaneous HIV-negative localization in a 78-year-old patient. Kaposi's sarcoma of the digestive tract in immunocompetent subjects is rare in the literature. It is advisable to evoke this gastric pathology even in a context of negative HIV.

KEYWORDS: Kaposi's sarcoma, Gastric localization, HIV negative.

INTRODUCTION

Kaposi's sarcoma is a rare disease that causes skin tumors, especially in the extremities, the frequency of digestive involvement is lower, diseases of the elderly and HIV positive.

We report a clinical case of Kaposi's sarcoma with both gastric and cutaneous HIV-negative localization in a 78-year-old patient.

Clinical case

78-year-old patient, widow, mother of 7 children, with a history of arterial hypertension, paroxysmal tachycardia, varicose veins in the lower limbs, hyperthyroidism, osteoarthritis of the knees, no notions of taking long-term corticosteroid therapy or immunosuppressive treatments, no notion of immunosuppression or transplant site, operated for kidney cysts and gallstones, no toxic habits, no admitted risky sexual relations.

Following the appearance of a purplish erythematous papulo nodules at the level of the two confluent feet in cupboards covered with hyperkeratosis of hard consistency, painful on palpation, plantar damage and inter-toe spaces, angiomatic papules at the level of the upper third of the right leg, isolated nodule of the left thigh, cutaneous xerosis, lymphedema reaching the right knee.

Trunk: finely scaly erythematous macula of the folds, non-pruritic umbilical, The patient consulted.

A skin biopsy was performed with anatomopathological and immunohistochemical study, the appearance of which is in favor of HHV8 positive Kaposi's sarcoma.

Hepatic viral serology negative, HIV negative. An extension assessment has been made:

Fiber colonoscopy in favor of a biopsied bulbar angiomatous polypoid lesion.

Anatomopathology of the biopsy: gastric localization of Kaposi with immunohistochemistry: CD 34+, HHV8 non-contributory

Entero-scan without clearly individualizable digestive thickening.

Ultrasound of lymph node areas without suspicious lymphadenopathy.



Figure 1: Kaposi's skin lesions on our patient's foot.

The patient received three cycles of chemotherapy based on Bleomycin five milligram intramuscularly per day for three consecutive days every two weeks, which took place without incident.

The evolution was marked by the non-improvement of the skin lesions.

It was decided to start a new line of treatment based on taxane (Paclitaxel 60 mg/m² intravenously weekly).

DISCUSSION

Kaposi's sarcoma of the digestive tract in immunocompetent subjects is rare in the literature.

The work of KADJO et al in 1998 revealed 62.5% gastric involvement in HIV positive patients.^[4]

In our case, we had carried out several HIV tests in several laboratories, which turned out to be negative.

Kaposi's sarcoma (KS), or Kaposi's disease, is a tumoral disease with mainly cutaneous localization, but can also be visceral.^[6]

Kaposi's sarcoma is an endothelial proliferation. Idiopathic multiple hemorrhagic sarcoma was first described in 1872 by Moriz Kaposi. It was the classic European form of slow progression, affecting mostly men aged 50 to 70 from Eastern Europe and around the Mediterranean.^[5]

Cutaneous lesions are the most frequent, mainly located in the lower limbs. Kaposian lymphedema can also be associated with it.

Cutaneous forms are more common than visceral locations, with a poorer prognosis.^[6]

Digestive involvement is often asymptomatic, rarely inaugural and its detection may be fortuitous during an endoscopy.^[1]

The aggressive local evolution or the centralization of the disease by attack of the mucous membranes, lymph nodes or viscera, is exceptional.^[3]

Treatment depends on the course and extent of the disease. In localized forms, it is based on the surgical removal of lesions.

In visceral forms, the use of systemic chemotherapy is thus generally recommended. In the absence of a therapeutic consensus, the use of systemic treatment is recommended in visceral forms with mucosal involvement, diffuse and extensive skin lesions, extensive nodular involvement or lymphoedema not controlled by symptomatic treatment.^[5,2] The administration of interferons is also possible.

CONCLUSION

Although rare, HIV-negative gastric Kaposi's sarcoma exists in our environment.

It was discovered in a fortuitous manner following an endoscopy as part of the extension assessment, confirmed by the anatomopathology. It is advisable to evoke this gastric pathology even in a context of negative HIV.

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