

Pyogenic granuloma-like Kaposi sarcoma: A diagnostic challenge

Jihane Benahmed¹, Amani Fliti¹, Pappys Mendes², Kawtar Znati², Mariam Meziane¹, Karima Senouci¹

¹Department of Dermatology, Ibn Sina hospital, Mohamed V university, Rabat, Morocco, ²Department of Pathology, Ibn Sina hospital, Mohamed V university, Rabat, Morocco

Corresponding author: Benahmed Jihane, MD, E-mail: jihanebenahmed3@gmail.com

Sir,

Pyogenic granuloma-like Kaposi's sarcoma is a vascular tumor caused by HHV8. It may be challenging in diagnosis. Dermoscopy is a valuable tool in the diagnosis. Herein, we report the case of a female patient with pyogenic granuloma-like Kaposi's sarcoma.

A 65-year-old female patient with no relevant medical history presented with a one-month history of a painful tumor between the first and second toe of the right foot that had been quickly increasing in size. The patient received antibiotics without any improvement. A physical examination revealed the presence of a red firm mass, approx. 3 × 2 cm in diameter (Fig. 1a). Dermoscopy revealed reddish and yellowish homogeneous areas and the "sticky fiber" sign was noted (Fig. 1b). A surgical resection was performed. Histological examination of the mass showed nodules of spindle cells mixed with red blood cells (Fig. 1c); Immunohistochemistry was positive for CD34 and HHV8, consistent with Kaposi's sarcoma (Fig. 1d). Further radiologic investigation showed no other signs suggestive of Kaposi's sarcoma. An HIV screening test was negative. No recurrence during a one-year follow-up was observed.

Kaposi's sarcoma (KS) is a low-grade vascular malignancy. Four epidemiological forms have been described: classic KS, most commonly affecting elderly males of middle eastern and Mediterranean ancestry, endemic KS, iatrogenic KS in association with immunosuppression, and HIV/AIDS-associated KS [1].

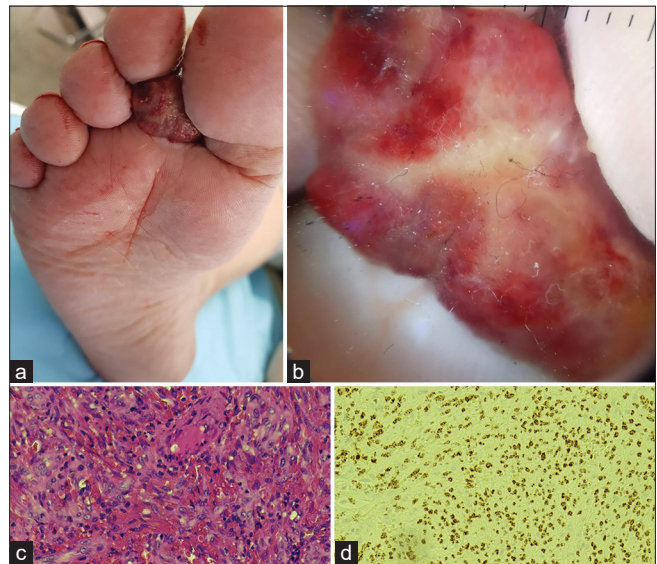


Figure 1: (a) Red, firm tumor, approx. 3 × 2 cm in diameter. (b) Dermoscopy revealing reddish and yellowish homogeneous areas with the "sticky fiber" sign. (c) Histological findings showing spindle cells mixed with red blood cells. (d) Immunohistochemistry staining for HHV8.

PG-like KS has been reported in patients with HIV-positive and HIV-negative status. In the literature, it was found on the hands in three patients and on the sole in two patients [2,3]. Dermoscopy is a valuable tool in the diagnosis of Kaposi's sarcoma. The most common dermoscopic features of KS are white lines, white clods, a polychromatic color change, or a rainbow pattern. In our case, we noted the presence of yellowish and reddish homogeneous areas. PG-like KS may be challenging in diagnosis because of overlapping histologic features, such as nodular prominence, ulceration, and inflammation. HHV-8 is the causative agent in all forms of KS, and immunohistochemical

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staining with HHV8 antibody is highly sensitive and specific to KS [4].

Physicians should be aware of this rare variant mimicking pyogenic granuloma. Immunohistochemistry should be performed to exclude Kaposi's sarcoma.

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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