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ISOLATED ORAL KAPOSI SARCOMA: ABOUT A CASE SEEN AT THE UHC ANTANAMBAO TOLIARA MADAGASCAR

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ABSTRACT
Kaposi's sarcoma is a multifocal angiogenic process, of cutaneous and visceral expression, induced by viral factors of human herpes virus type 8 (HHV8). We report a case of oral Kaposi's sarcoma isolated in a 42-year-old patient who presented with persistent oral lesions, the exploration of which revealed an HIV infection and the diagnosis of Kaposi's sarcoma. The clinical expression of Kaposi's sarcoma is multiple. However, its appearance in the oral cavity should lead to a search for HIV immunosuppression.

KEYWORDS: HIV infection; Immunosuppression; Kaposi's sarcoma.

INTRODUCTION
Kaposi sarcoma is the most common cancer in people with untreated HIV infection.[1] It was first described by Hungarian dermatologist Moritz Kaposi Kohn in 1872 as hemangioma or multiple skin pigmented sarcoma.[2] The herpes virus associated with Kaposi's sarcoma (HHV8) which is the infectious cause of this neoplasm.

The risk of developing Kaposi's disease during AIDS is estimated at 20,000 times that of the general population and nearly 300 times that of other immunocompromised subjects. The seroprevalence can reach 30 to 60% in homosexuals for whom transmission occurs mainly during sexual contact.[3]

In this work we report a case of oral Kaposi's sarcoma isolated from a patient infected with the immunodeficiency virus. Our aim is to draw the attention of practitioners to the importance of performing a retroviral serology in the face of any oral lesions resistant to usual treatment before performing any surgical procedure.

OBSERVATION
It was a man 42-year-old married patient referred for a stomatological consultation at the Antanambao Toliara Madagascar University Hospital, for intraoral tumor lesions which had been evolving for about 4 months. He had already treated with antibiotics, antiseptic mouthwash but no improvement.

During the consultation, the patient was asthenic and febrile at 38°C. Exobuccal examination revealed cervical polyadenopathy, bilateral, firm, tender, non-adherent.

On intraoral examination, multiple budding swelling, purplish red of varying sizes, firm consistency and not painful on palpation were found. These lesions involved almost the entire upper part of the oral cavity, namely the palate (Figure 1) and the gums (Figure 2). Note that the patient did not show clinical skin signs.

He had no dental mobility. The standard x-ray of the face did not show any bone involvement.

We had requested a blood test which found anemia, thrombocytopenia and mild leukopenia. This prompted us to perform a retroviral serology which came back positive.

A biopsy was taken and the pathological examination revealed Kaposi's sarcoma.

Figure 1: Lesions involving all palatal mucous.

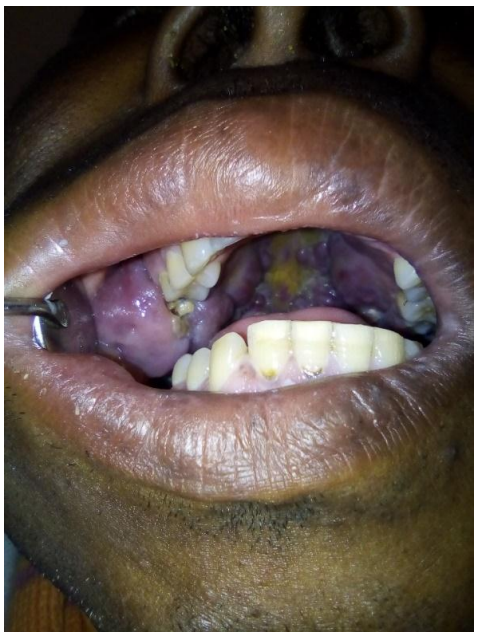

Figure 2: Gingival involvement.

DISCUSSION

We have reported a case of oral Kaposi's sarcoma isolated from an AIDS patient with a clinical presentation of purplish tumor lesions involving all the palatal mucosa and gums.

An isolated case of oral Kaposi's sarcoma was described in 2013 after kidney transplantation. Immunosuppressive therapy is associated with an increased risk of Kaposi's sarcoma.[4] The lesion affects the posterior part of the palate.

The most common intraoral site is the palate, which is involved in 95% of cases. The oral cavity may be the only or the first site of KS and, therefore, becomes important in the diagnosis. More than 20% of current patients had the oral cavity as the initial site of manifestation.[5] The involvement of the gums remains exceptional.

Kaposi's sarcoma (KS) is a major mucocutaneous neoplasm with four well-known clinicopathologic types. Oral cavity involvement can be seen in all variants, but it is more common with SK-AIDS. The latter can signal an undiagnosed HIV infection. Oral SK (OKS) most commonly affects the hard and soft palate, gum tissue and dorsal tongue with plaques or tumors ranging from unpigmented to brownish red or purplish.[6]

The tomodensitometric examination of the facial mass makes it possible to carry out an assessment of regional extension of the SK. For isolated oral lesions in the tumor stage, the adjacent soft tissue is most often respected and the underlying bone lysis remains exceptional.[7] In the reported case, we only have a standard x-ray of the face but there was no evidence of adjacent bone involvement.

For differential diagnosis, an epulis, hemangioma, pyogenic granuloma, lymphoma, median losangal glossitis or melanoma are generally suggested. SK can also mimic gingival hyperplasia, especially in the context of taking cyclosporin.[8]

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