MATHEWS

Case Report

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Endemic Kaposi's Disease Complicated by Osteolysis of the Fourth Metatarsal of the Left Foot: A Case Report at Kindu General Referral Hospital, Democratic Republic of Congo

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ABSTRACT

Kaposi's disease (KD), formerly known as Kaposi's sarcoma (KS), is a rare tumor first described by Moritz Kaposi in Vienna among Ashkenazi Jews. Since this original description, three other forms of Kaposi's disease have been identified. This was a 37-year-old patient with no significant past medical history, who presented with a large, ulcerated, exophytic, and recurrent swelling on the dorsal surface of the left foot. The condition reportedly began five years earlier with the appearance of an erythematous macule, which gradually progressed into a slightly pigmented papule and then into a nodule. The diagnosis of endemic Kaposi's disease, fibroblastic type, was established. After a multidisciplinary consultation meeting, surgical excision of the mass was planned, followed by adjuvant chemotherapy with Bleomycin according to the following protocol: a 15 IU vial of Bleomycin diluted in 40 mL of 0.9% saline, administered at a rate of 13 drops per minute every five days for eight weeks. The patient showed a favorable response to this treatment after one month. Endemic (African) Kaposi's disease in its florid, vegetative form, characterized by large tumor lesions and osseous involvement, is rare.

Keywords: Disease, Endemic Kaposi's Disease, Bone Lysis, Kindu

INTRODUCTION

Kaposi's disease (KD), formerly known as Kaposi's sarcoma (KS), is a rare tumor first described by Moritz Kaposi in Vienna among Ashkenzi Jews [1,2]. Since this original description, three other forms of Kaposi's disease have been identified. In the 1950s, a distinct presentation was described in the population of equatorial Africa, affecting young individuals and characterized by a much more aggressive course, with large tumoral lesions and bone involvement [2,3]. We report a case of aggressive endemic Kaposi's disease of the foot with rapid and destructive bone

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progression in a 37-26 year-old patient at Kindu General Hospital. On local examination, there was an ulcerative-proliferative tumor mass covering the entire dorsum of the foot up to the bases of the toes, roughly oval in shape, measuring approximately 10 cm along its longest axis, with a tendency to bleed on contact. No lymphadenopathy was noted in the popliteal fossa or ipsilateral inguinal region. The ipsilateral limb was slightly infiltrated.

Medical Observation

This was a 37-year-old patient with no significant past medical history, who presented with a large, ulcerated, exophytic, and recurrent swelling on the dorsal surface of the left foot. The condition reportedly began five years earlier with the appearance of an erythematous macule, which gradually progressed into a slightly pigmented papule and then into a nodule. This prompted consultation at a healthcare facility, where surgical excision was performed without histopathological examination.

The clinical course was marked by a recurrence three months later. This time, the nodule became ulcerated and exophytic, with a tendency to bleed on contact, which led the patient to seek consultation at our facility (Figure 1).

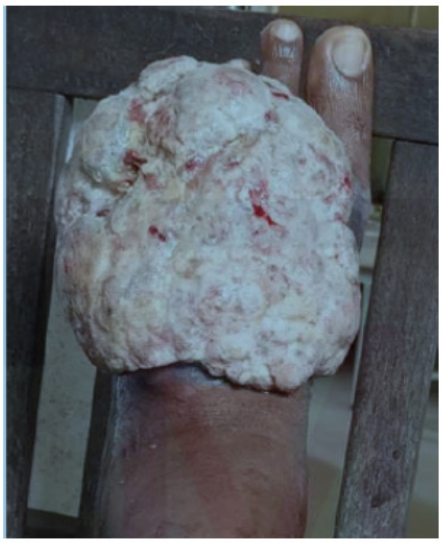

Figure 1: Tumor mass on the dorsal aspect of the left leg.

On Physical examination, the patient was in good general condition with a WHO performance status of 0. He had a tachycardia of 113 beats per minute, pale palpebral conjunctiva, and anicteric bulbar conjunctiva; all other vital signs were normal. On local examination, there was an ulcerative proliferative tumor mass covering the entire dorsum of the foot up to the bases of the toes, roughly oval in shape, measuring approximately 10 cm along its longest axis, with a tendency to bleed on contact. No lymphadenopathy was noted in the popliteal fossa or ipsilateral inguinal region. The ipsilateral limb was slightly infiltrated (Figure 2).

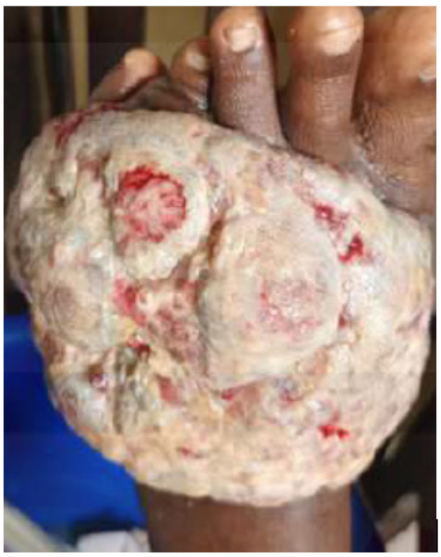

Figure 2: Tumor mass with an ulcerated surface on the dorsum of the left foot

The histopathological examination of the specimen revealed a vascular tumor proliferation with spindle-shaped cells and extravasation of red blood cells. HIV serology was negative. Hemoglobin was 8.3 g/dL, with leukocytosis at 14,870/ mm^3 predominantly lymphocytic, and an erythrocyte sedimentation rate of 50 mm in the first hour. Renal and hepatic functions were within normal limits. A radiograph of the foot (anteroposterior view, in the absence of a CT scan) showed bone lysis (Figure 3).

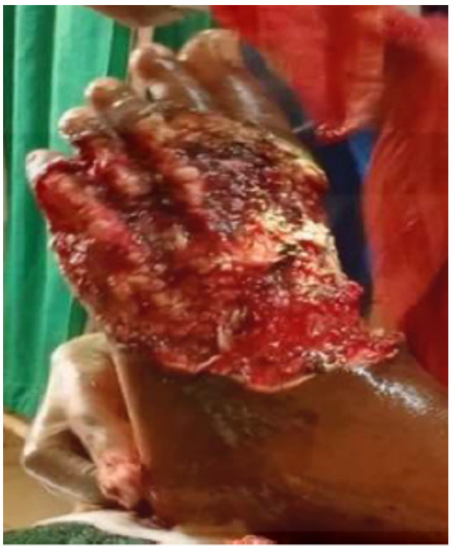

Figure 3: Ulcero-necrotic plaque on the dorsum of the left foot.

The diagnosis of endemic Kaposi's disease, fibroblastic type, was established. After a multidisciplinary consultation meeting, surgical excision of the mass was planned, followed by adjuvant chemotherapy with Bleomycin according to the following protocol: a 15 IU vial of Bleomycin diluted in 40 mL of 0.9% saline, administered at a rate of 13 drops per minute every five days for eight 62 weeks. The patient showed a favorable response to this treatment after one month (Figure 4,5).

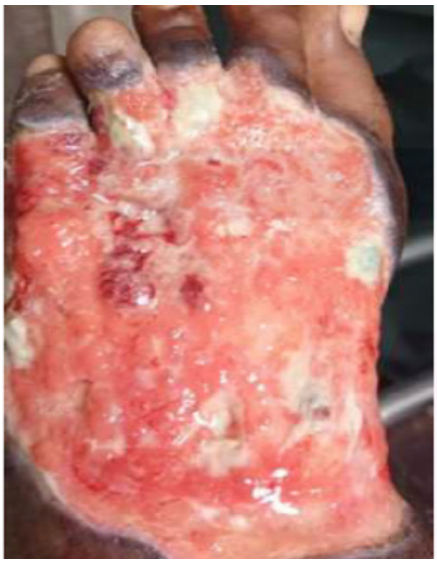

Figure 4: Ulcerated plaque with a necrotic surface and well-defined borders

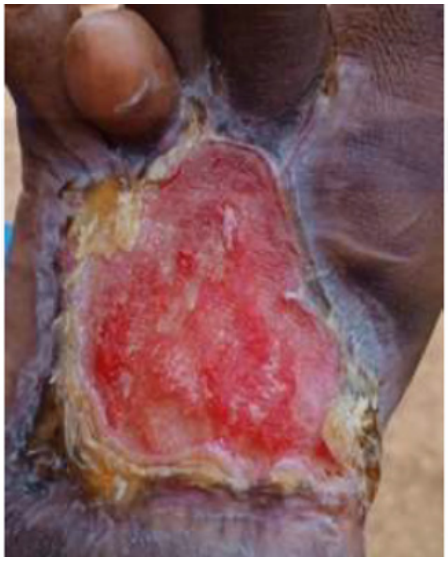

Figure 5: Well-granulated appearance of the wound, 9 months after the second course of bleomycin chemotherapy

Argument

Kaposi's disease (KD) is a vascular neoplasm associated with Human Herpesvirus 8 (HHV8) infection, which typically affects the cutaneous and mucosal tissues, as well as lymph nodes or internal organs such as the intestines, lungs, and liver [3,4]. The main route of transmission is sexual, although blood borne transmission cannot be excluded. Other transmission routes—such as vertical (mother-to-child), via saliva, and heterosexual transmission—are rarer in endemic areas [5].

Currently, five clinical forms are recognized: classic KD, endemic or African KD, iatrogenic KD related to transplantation, epidemic KD associated with HIV/AIDS, and KD in homosexual individuals. Although these five types have different patterns of progression, they share similar phenotypic characteristics [2,5,6].

Endemic or African Kaposi's disease occurs in younger patients from Equatorial or East Africa. Classically, four forms are described: The nodular form, the most frequent, affecting men aged 30–70 years, predominantly on the lower limbs, with slow progression, the florid, vegetative form, with rapid progression, large tumor lesions, and osseous involvement, the infiltrative form, often accompanied by regional edema, the lymphadenopathic form, sparing the skin, affecting children, and progressing to death within approximately one year [4].

Our patient presented with the florid, vegetative form, with a large ulcerative-proliferative mass and involvement of the distal third of the fourth metatarsal of the left foot. Bone involvement is typically seen as lysis or condensation [6]. In this case, there was complete lysis of the distal third of the fourth left metatarsal.

In more extensive forms or in cases of rapid progression, surgical excision as a local treatment, combined with systemic therapy, is indicated. The usual approach is single-agent chemotherapy, preferably with vinblastine or bleomycin. Low-dose interferon may also be considered as an alternative [7]. For our patient, we performed surgical excision followed by two courses of single-agent bleomycin chemotherapy, with favorable evolution after one month.

CONCLUSION

Endemic (African) Kaposi's disease in its florid, vegetative form, characterized by large tumor lesions and osseous involvement, is rare. Histopathological examination of biopsy specimens establishes the diagnosis. Treatment is primarily based on surgery and chemotherapy.

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