

## Case Blog

### Title: Images of Kaposi Sarcoma - Inferior Limb Skin Lesions: Case Presentation

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Figure 1: Images of Kaposi Sarcoma - Inferior limb skin lesions.

## Background

Kaposi Sarcoma (KS) is a vascular lesion of low-grade malignant potential. A clear diagnosis is presented after a tegument biopsy and also commonly involves lymph nodes and visceral organs.

Type 2 Diabetes Mellitus is a worldwide diagnostic, and patients with complications and co-morbidities are presents in services dedicated to this disease.

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## Aim

This case presentation is a rare occasion of association at the same patient of type 2 diabetes mellitus, obesity and diabetic neuropathy and lesions of Kaposi Sarcoma present at inferior limb.

## Details

Patient was scheduled for an evaluation in Department of Diabetes after a personal phone call. The main complaint is the pain located at inferior limbs and some lesions presented locally. At presentation, from personal medical history was retained: type 2 diabetes mellitus treated with oral medication from more than 20 years, obesity (Body Mass Index=41,25 kg/m<sup>2</sup>), cardiac failure NYHA 2 stage. No other complication for diabetes (retinopathy, renal disease) was present. Clinical examination reveals lesions at inferior limbs, with a lot of brownish nodules, pustules and local pus with unbearable small together with additional macules and lesion of tegument at contralateral limb, prompted a referral of this otherwise diabetic patient with common comorbidities to a dermatologist who diagnosed Kaposi's sarcoma, which was verified by biopsy (Figure 1). No other infection (with HIV or herpes viruses) was diagnosed. Patient was performed other investigation (liver biopsy and CT scan) but other manifestation of this KS was not diagnosed. The main challenge was the local infection, with normal values of leucocytosis, but multiple bacterial infections from plagues. Surgical Department proposed the amputation, but the patient refused. These images presentation deal with the manifestation of KS in cutaneous inferior limb regions.

## Discussions

The development of KS within wounds and only tegument presentation could be a difficult challenge to diagnose, resulting in patient mismanagement when aspect is uncommon. Our case, with cutaneous presentation of KS is usual way to be diagnosed, when size of skin lesions are at this level. 12 photos of skin lesions in different stages of evolution will help other medical doctors to be closer to this simple diagnostic when skin biopsy is available. Theories to explain the rarity and development of KS in these sites are not well sustained especially when a clear diagnosis of HIV infection or Herpes infection could not be done using actual tools.