Kaposi’s Sarcoma in Child. A Case Report

Gbéry Ildevert Patrice, Ecra Elidjé Joseph, Akaffou A Evelyne, Kourouma Hamdan Sarah, Kassi Komenan, Ahogo Kouadio Celestín, Kouassi Kouamé Alexandre, Kouassi Yao Isidore, Sangaré Abdoulaye, Yoboué Yao Pauline

Department of Dermatology and Infectiology, Training and Research unit of Medical Sciences, University of Felix Houphouët Boigny, Abidjan-Republic of Côte d’Ivoire

Corresponding author: Ecra Elidjé Joseph, Department of Dermatology and Infectiology, Training and Research unit of Medical Sciences, University of Felix Houphouët Boigny, Abidjan-Republic of Côte d’Ivoire; Tel: 0022507840978; E-mail: joecra@hotmail.com

Received date: November 13, 2015; Accepted date: December 24, 2015; Published date: January 02, 2015

Copyright: © 2015 Patrice GI. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Introduction

Kaposi’s sarcoma is defined as a multifocal angiogenic tumor process of endothelial origin [1]. The disease was first described in 1872 by Moritz Kaposi. There are four forms [2]:

(i) The classic form which mainly occurs in elderly. It corresponds to the form initially described by Kaposi.

(ii) The endemic form known as African form, essentially affects young adult and seldom children.

(iii) The form occurring during immunosuppression (lymphoma – cancer immunosuppressive treatment)

(iv) The AIDS related form which is one of the major cutaneous features of immunosuppression. AIDS in fact is the cause of the outbreak of Kaposi’s sarcoma at the end of the 20th century

Considering the bad prognosis related to the African form of Kaposi’s sarcoma, and the fact that Kaposi’s sarcoma in child is uncommon and lethal [3], we found necessary to report this case in order to discuss the clinical, investigative and course particularities.

Keywords: Africa; AIDS; Child; HIV; Kaposi’s sarcoma

Case Report

An eight-year-old boy was referred to the dermatology department in Treichville Teaching Hospital for nodules and hyper-pigmented patches. The interview revealed a chicken pox eruption at 4 years old. Father was healthy, but mother died three years ago of a long lasting disease featuring high weight loss.

Initial symptoms appeared about one year earlier, marked by angiomatous patches and nodules widespread all over the body. Parents consulted a physician in a regional health center.

Medication by oral spiramycin, corticosteroids (betamethasone), antihistamines (dextchlorpheniramine) and topical bacitracin during several weeks had no effect. Considering absence of improvement and existence of widespread angiomatous patches on the trunk, the patient was referred to the dermatology department in Treichville Teaching Hospital.

The clinical check revealed

• A weight at 30 kg.

• A temperature at 37°C.

• An impairment of general condition.

• Nodules and angiomatous patches of variable size disseminated all over the body predominantly on the trunk.

• Painless voluminous and firm cervical adenopathies which modified the normal aspect of the neck, as well as auxiliary and sub maxillary adenopathies.

Figure 1: Showing child affected with Kaposi’s sarcoma.
• An edema located on the face.
• Absence of edema in the lower limbs.
• A KARNOS FKI index over 70%.

Complementary tests noticed
- A pathological blood cells count which revealed a microcytic anaemia with a rate of haemoglobin at 7.7g/dl, blood red cells at 3,381,030 elements/mm$^3$, blood white cells at 4,000 elements/mm$^3$ and platelets at 431,103 elements/mm$^3$.
- Positivity to HIV1 test.
- CD4 cells count at 61.4/mm$^3$.
- An intradermic tuberculin test at 00mm which demonstrated an energy to tuberculosis.
- Endoscopy demonstrated the existence of angiomatous nodules in the gastric mucosa.
- Normal hepatic and renal check-up.
- Absence of thoracic and lung involvement at x ray.

The diagnosis of Kaposi's sarcoma was based on the typical aspect of the lesions and histologic features: spindle cell proliferation resulting in tumour. These cells delimited vascular cavities. PERLS staining was positive.

The patient's eligibility for chemotherapy could not be assessed because of financial reasons.

Two weeks later he was lost for follow up. Three months later his death was notified to us by relatives.

Discussion

Kaposi's sarcoma is uncommon in child [4]. In a study about cancers in child in Malawi, Kaposi's sarcoma was ranked in the third position with 9% of the cases far behind Burkitt lymphoma, which was the commonest with 50% of cancers and retinoblastoma which accounted for 13% [5]. In another study in Zimbabwe Kaposi's sarcoma held the fourth position with 15.8% of the cases after non-Hodgkin's lymphomas, acute lymphoblastic leukaemia and Wilms' tumour [6]. The first cases described in child were ganglionic [1].

This generalized aspect of Kaposi's sarcoma in a child is found particularly associated with HIV infection. The HHVS7V8 is known as the causal agent of Kaposi's disease [5-7].

The occurrence of Kaposi's sarcoma in this child initiates HIV infection symptoms. The initial clinical context was not evocative of HIV infection since the onset of chickenpox in a child is common in Africa. The onset of Kaposi's sarcoma in an HIV infected is pejorative.

The lack of appropriate management in our patient because of low financial resources exposed him to death in a short delay. This indicates the natural story is associated to bad prognosis.

Conclusion

Though very uncommon, generalized Kaposi's sarcoma in child as we reported is a possible expression of children AIDS. The natural story is associated to bad prognosis.

References

1. Baudoux P, Bila K, Tady MB et al. (1985) Syndrome d’immunodéficience acquise chez les grands enfants. Arch Fr Pediatr 40: 213-218.
2. Stănescu L, Foarfă C, Georgescu AC, Georgescu I. (2007) Kaposi's sarcoma associated with AIDS. Rom J Morphol Embryol 48: 181-187.
3. Hsieh MC, Chiu NC, Chi H et al (2007) Hepatosplenic Kaposi's sarcoma as the initial presentation in a Taiwanese child with human immunodeficiency virus infection. Acta paediatr Taiwan 48: 84-88.
4. Sahin G, Palanduz A, Aydogan G et al (2010) Classic Kaposi sarcoma in 3 unrelated Turkish children born to consanguineous kindreds. Pediatrics 125: 704-708.
5. Sinfield RL, Molyneux EM, Banda K et al (2007) Spectrum and presentation of pediatric malignancies in the HIV era: experience from Blantyre, Malawi, 1998-2003. Pediatr Blood Cancer 48: 515-520.
6. Chitsike I, Siyiwa (1998) Seroprevalence of human immunodeficiency virus type l infection in childhood malignancy in Zimbabwe. Cent Afr J Med 44: 242-245.
7. Manji KP, Amir H, Maduah IU (2000) Aggressive Kaposi's sarcoma in a 6-month-old African infant: Case report and review of the literature. Trop Med Int Health 5: 85-87.

Citation: Patrice GI, Joseph EE, Evelyne AA, Sarah KH, Komenan K et al. (2016) Kaposi’s Sarcoma in Child. A Case Report. J Clin Exp Dermatol Res 7: 317. doi:10.4172/2155-9554.1000317