



RESEARCH ARTICLE

PRIMARY KAPOSI'S DISEASE OF PENIS IN AN HIV NEGATIVE PATIENT: RARE LOCALIZATION!

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ABSTRACT

Kaposi's disease is the most common vascular neoplasm, often involving skin of the feet and legs, and to a lesser extent, that of the hands, arms, and trunk. Kaposi's disease limited to penis is extremely rare in HIV seronegative individuals. We will introduce a 73 years old male patient, with syphilis seropositivity, who suffered from itchy penile papules. The lab tests had revealed a negative serology of HIV. Histological findings were compatible with Kaposi's disease. Primary Kaposi's disease of penis is rare but could incriminate other factors.

INTRODUCTION

Kaposi's disease is a tumor proliferation that affects the vascular endothelium of the lymphatic vessels. It is a systemic, malignant, multifactorial and variable disease. The initial and unique presentation of the penis is rarely described (Karam, 2012). We report a case of Kaposi's disease of the penis in an HIV-negative patient.

Observation: A 73-year-old patient with positive syphilitic serology presented with non-pruritic, painless penile lesions noticed 6 months earlier. These lesions started with papules that gradually increased in size. On the clinical examination, we noted 3cm sized tumor on the posterior surface of the penis, with a sessile angiomatous base and fibrosis surface, and multiple small angiomatous papules with a keratotic surface, diffuse at the whole of penis Figure 1. Histological findings showed an infiltration composed of globoid and spindle-shaped cells arranged in layers and in thick multi-directional bundles with frequent mitoses. The tumor evolves within an abundant fibrous stroma, in where we found hematic suffusions and peripheral lymphoplasmocytic infiltrates.

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And immuno chemistry investigations confirmed kaposi's disease by diffuse nuclear staining of CD34 and human herpes virus type 8 HHV-8 figure 2. HIV serology was negative. At the repeat physical examination, we found no other skin lesions.. Computed tomography scanning of the chest, abdominal cavity, and pelvis failed to detect any visceral lesions. The patient put on bleomycin with good improvement.

DISCUSSION

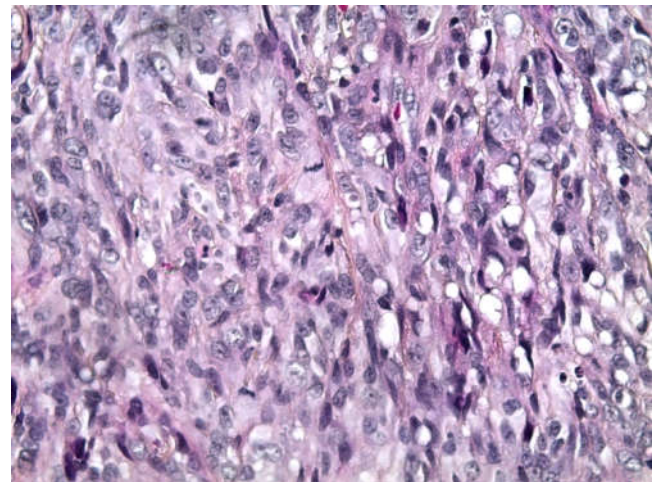
Kaposi's disease is classified into four distinct forms: endemic, iatrogenic, AIDS-associated and classica forml. The classical form, which often affects elderly male patients of Mediterranean origin and Eastern European Jews, presents with indolent nodular lesions on the skin, most often affecting the legs and feet, and rarely visceral involvement is found (Karam., 2012). Primitive localization in the penis is rare, and most often observed in HIV-positive patients with more aggressive sexual behaviour (Karieger, 2007). Whereas, this localization, in HIV negative patients, is presented as erythematous purpuric or angiomatous papules, nodules and plaques, which are usually asymptomatic (Kim, 2010). The sites most commonly involved are the glans, foreskin, coronal sulcus, body of the penis, urethral meatus and penile brake (Gönen et al., 2006). In our case, we have not objected immunosuppression, leaving a question as to the role of syphilis-HHV8 in the genesis of this disease in the penis.



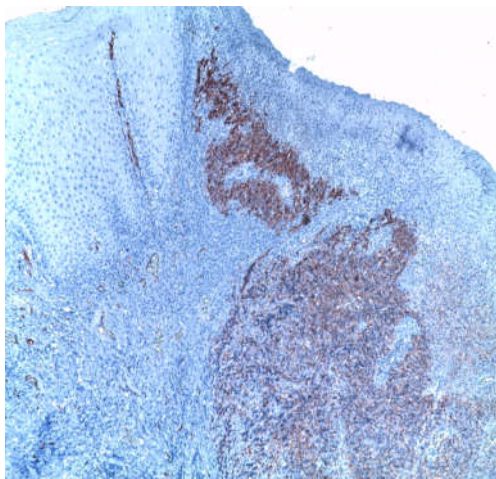
Figure 1. Tumor of 3cm on the posterior surface of the penis with fibrosis surface, and multiple small angiomatous papules, with a keratotic surface, diffuse



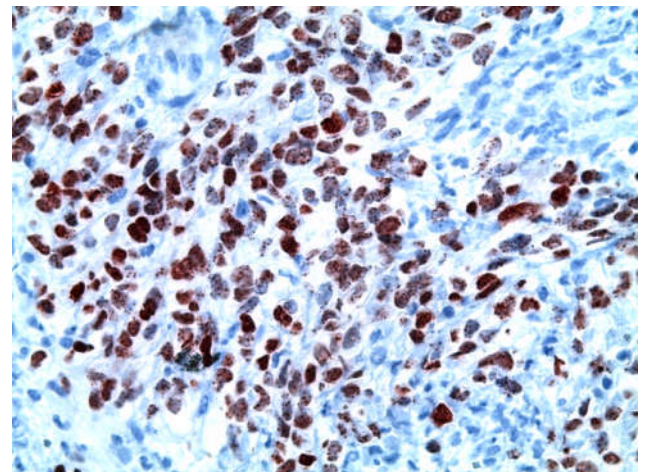
A



B



C



D

Figure 2: A-B: tumor proliferation made of globoid and spindle-shaped cells, ulcerating the epidermis, extravasation of red blood cells. Diffuse immunostaining with CD34 (C) and HHV8 (D)

Histology shows a fusocellular proliferation arranged in short bundles in swirling places with vascular slits; an immunohistochemistry by HHV8 is positive (Hernández 2008) Treatment can be surgical, radiotherapy or chemotherapy. Our patient had multiple lesions, so he was put on chemotherapy based on Bleomycin.

Conclusion

Kaposi's disease of the penis is a rare disorder, which not only incriminates HHV8 and the Koebner phenomenon, but it can incriminate also other factors, such as syphilis.

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