



A Most Often Difficult Differential Diagnosis: Kaposi and Pseudo-Kaposi

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Abstract

The pseudo Kaposi is a rare and benign angioproliferative disease mimicking Kaposi and is linked to chronic venous insufficiency, arteriovenous malformation, paralyzed limbs or amputation stumps. We report a case.

Keywords: Pseudo Kaposi; Histology; Lower limb

Introduction

A 75-year-old patient, who consulted for lesions of the lower limbs with phlebitis and evening swelling evolving for 3 days, in whom the examination found purplish, infiltrated purple patches on the level of the left leg resting on a macular cup of ocher shade (Figure 1), the vascular examination showed some varicosities (Figure 2). Dermoscopy showed whitish linear streaks, homogeneous pink areas and a regular pigmented network (Figure 3). A first biopsy objectified a Kaposi with a negative HHV8 complement. In view of the clinical-dermoscopic discrepancy, a re-reading revealed a dermal vascular proliferation made up of regular capillary structures bordered by endothelial cells devoid of a typia and mitosis, a minimal lymphocytic infiltrate and hemosiderin deposits with expression of CD34 only by the cells. Endothelial and its absence in perivascular. On the basis of these results, the diagnosis of pseudo Kaposi was established.

Discussion

The pseudo Kaposi mimics several pathologies including lichen aureus, stasis dermatitis and mainly Kaposi. Histological, there is an expansion of the capillary bed through the dermis, the presence of extravagated erythrocytes, spindle cells arranged horizontally, fibrosis, and accumulations of hemosiderin [1]. Immunohistochemistry by CD34 guides the diagnosis of acroangiodermatitis by the absence of its expression in perivascular unlike Kaposi [2]. Given its rarity, and characteristics similar to Kaposi and other vascular tumors, histology is crucial as in our observation. Doppler ultrasound looking for an underlying cause is necessary. Treatment is poorly codified in the literature. One regression of lesions with oral dapsone 100 mg per day, associated with leg elevation and compression, and cases of improvement with erythromycin at 2 g per day in patients with arteriovenous fistulas were reported [3].

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Figure 1: Purplish, infiltrated patches confluent at the level of the left leg on a macular cup of ocher tint.



Figure 2: The vascular examination showed some varicosities.

Conclusion

The pseudo Kaposi affects the lower limbs bilaterally, of varied etiology, congenital or acquired. The lesions mimic the Kaposi and are distinguished by the anatomopathological analysis.

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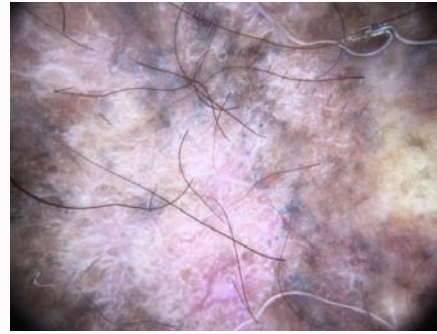


Figure 3: Dermoscopy showing whitish linear streaks, homogeneous pink areas and a regular pigmented network.

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