

## Dexamethasone/methylprednisolone

S

**Kaposi's sarcoma secondary to human herpes virus-8 reactivation: case report**

An 83-year-old woman developed Kaposi's sarcoma secondary to human herpes virus-8 (HHV-8) reactivation during treatment with dexamethasone and methylprednisolone [*not all routes, dosages and duration of treatment to reaction onsets stated*].

The woman was hospitalised in a nursing home in Italy and had arterial hypertension, bipolar disorder and cognitive impairment. She had been receiving memantine, clozapine, nimodipine, amlodipine, clopidogrel, colecalciferol [cholecalciferol], levothyroxine sodium [levothyroxine], atenolol and pantoprazole. She was diagnosed with COVID-19 on 26 November 2020. After few days interstitial pneumonia developed. She started receiving dexamethasone 8 mg/day. Additionally, she received heparin and unspecified systemic antibiotics. After 10 days, the dose of dexamethasone was slowly decreases, but the inflammatory response reappeared. Therefore, the dose was increased again to 8 mg/day. After 1 week, dexamethasone tapering was started, with the initiation of oral methylprednisolone 16mg as steroid sparing therapy. Eventually, the dose of methylprednisolone was decreased to 4mg, followed by gradual dose reduced until the dose was interrupted after 6 weeks. He received systemic steroids for a total of 8 weeks. On 5 January 2021, she tested negative for COVID-19. At the end of January 2021, she developed new-onset asymptomatic cutaneous lesions bilaterally on the feet. Roundish red spots first emerged on the plant and ventral parts of the fingers. After a few days, a large violaceous patch formed. Physical examination showed multiple purplish tender macular lesions bilaterally on the plantar regions and a single purplish patch with irregular borders in the central part of the plantar areas, with few nodules at the periphery of the patch. Several isolated red dots were noticed across the plantar region, including the posterior region of the fingers. Dermoscopy revealed a widespread reddish-violaceous homogeneous pattern. Histology of the sample biopsied from the purplish single nodule of the left plantar region showed dermal proliferation of spindled cells and vascular clefts filled with erythrocytes. These findings were compatible with Kaposi's sarcoma. Chest X-ray did not show any abnormalities. The HIV test and HCV-RNA were both negative. She tested positive for HHV-8 antibodies. Therefore, she was diagnosed with Kaposi's sarcoma secondary to HHV-8 reactivation, which was attributed to dexamethasone and methylprednisolone. Thereafter, she remained on clinical follow-up [*outcome not stated*].

Magri F, et al. New-onset cutaneous kaposi's sarcoma following SARS-CoV-2 infection. *Journal of Cosmetic Dermatology* 20: 3747-3750, No. 12, Dec 2021. Available from: URL: <http://onlinelibrary.wiley.com> 803637940