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Treatment of Classic Kaposi's Sarcoma Showing a Discretely Scattered Distribution with Intralesional Vinblastine Injections

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Dear Editor:

Classic Kaposi's sarcoma (CKS) is one of clinical types of Kaposi's sarcoma (KS)[1,2]. Treatment options for CKS vary depending on clinical features such as age, number and distribution of lesions, and tumor depth[3]. It is essential, therefore, that treatment is tailored to the individual. Although many therapeutic strategies from systemic to local treatments are available for CKS, those treatments tend not to be suitable for cases with a discretely scattered distribution. Therefore, we report on a case of discretely scattered CKS treated successfully with intralesional vinblastine injections, which have previously proved effective and well-tolerated in acquired immune deficiency syndrome-related patients with localized oral KS lesions[4].

A 58-year-old Korean woman presented with a 5-year history of a skin lesion on her chin. Since that time of the initial skin lesion having appeared, subsequent lesions developed slowly on the upper and lower extremities. The patient was immunocompetent. Her past medical history was unremarkable except for the use of medication for dyslipidemia. A physical examination revealed multiple non-tender, round to elongated, red-purple papules and plaques (Fig. 1A), scattered over the chin, right hand, left forearm, and left shoulder. A skin biopsy of the chin was performed with immunohistochemistry stains (Fig. 2). Laboratory test results, including a complete blood cell count, thyroid function test, and anti-human immunodeficiency virus test, were all reported within normal limits. There was no evidence of metastasis on chest or abdominal computed tomography or on total body positron emission tomography imaging. We diagnosed this case as a discretely scattered CKS without visceral involvement. Although the patient had multifocal lesions on the head and limbs, the total number and size of the lesions had not changed in the last 3-months. To minimize the complications and considerable toxicities associated with the use of systemic chemotherapy or radiotherapy, we opted to treat our patient with intralesional vinblastine administration instead. All skin lesions were treated with intralesional vinblastine injections at a dose of 0.1 mg/cm^2 using a 0.1 mg/ml solution of vinblastine sulfate in sterile saline4. After 5 weeks of treatment the tumors had completely regressed with no significant side effects except for a slight postinflammatory hyperpigmentation response (Fig. 1B). The patient was kept on regular follow-up and showed no signs of recurrence of CKS 6-months after treatment.

CKS is usually indolent over many years but is not life threatening[5]. Consequently, clinicians have often hesitated in administering systemic therapy, which decreases quality of life, in patients with discretely scattered CKS. Our patient exhibited a dramatic response without serious side effects after a single cycle of intralesional vinblastine injections and had no additional lesions under outpatient follow-up. We conclude, therefore, that intralesional vinblastine administration is one of the most effective and useful treatment alternatives for relatively stable, discretely scattered CKS. However, the 6-month follow-up may not be sufficiently long when we consider the growth pattern of CKS and the potential for occult CKS lesions caused by

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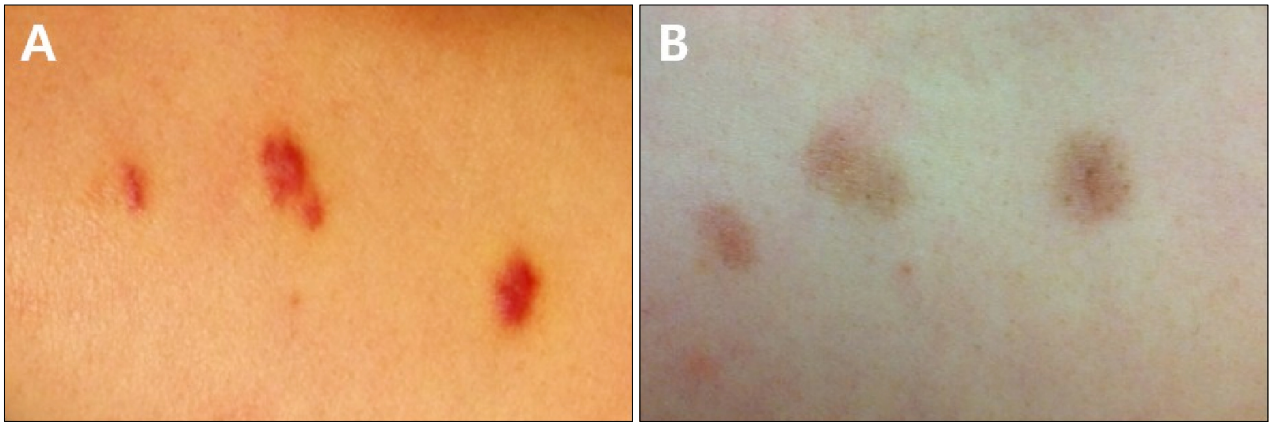

Fig. 1. Clinical presentation of a discretely scattered classic Kaposi's sarcoma. (A) Widely distributed red-purple papules and plaques evident before treatment, and (B) complete regression of the tumors 5 weeks after treatment with intralesional vinblastine injections showing only residual hyperpigmentation.

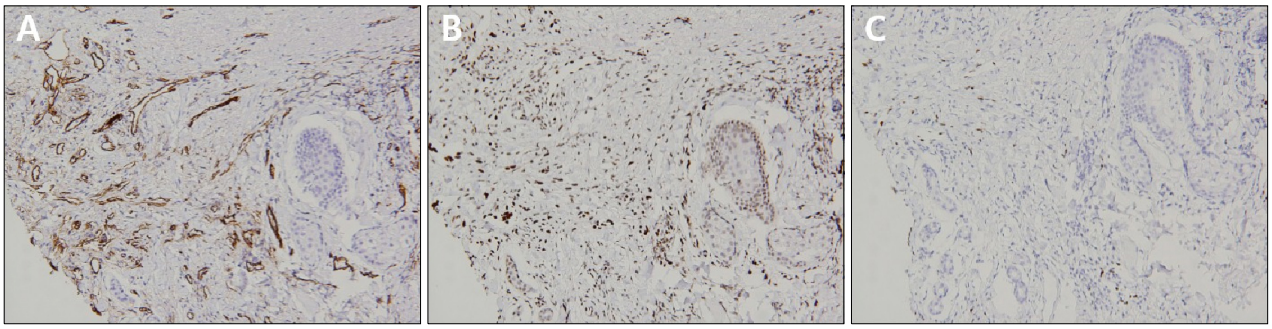

Fig. 2. Immunohistochemical evaluation of classic Kaposi's sarcoma specimens. (A) Endothelial cells of the abnormal vessels staining positively for cluster of differentiation 31; (B) Spindle cells staining positively for Friend leukemia virus integration-1; and (C) Spindle cells staining focally positively for human herpesvirus-8 (×200 for all panels).

hyperpigmentation, which were not histologically confirmed but need to be considered in estimating patient responses following intralesional vinblastine injections.

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