



## AIDS-related disseminated Kaposi's sarcoma



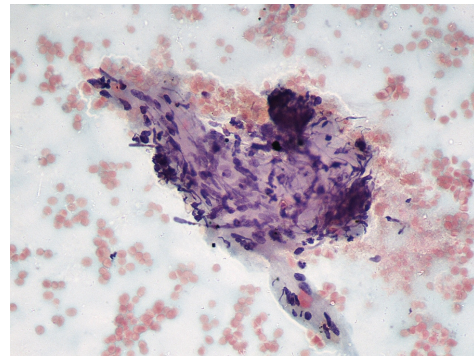
**Fig. 1.** Multiple skin-coloured to violaceous nodules over the right lower limb.



**Fig. 2.** Erythematous plaque present over the right buccal mucosa.



**Fig. 3.** Lymphedema of the right lower limb compared to left.

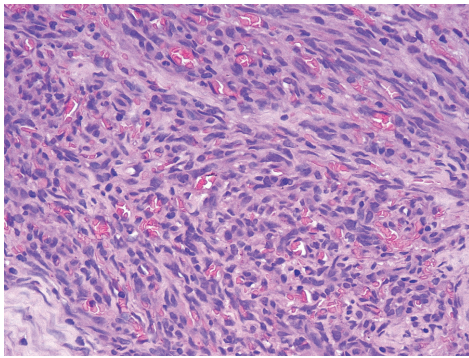


**Fig. 4.** Cells are oval-to-spindle with moderate indistinct cytoplasm. Nuclei are oval-to-spindle with finely granular chromatin. Note low-grade nuclear features (Pap stain,  $\times 200$ ).

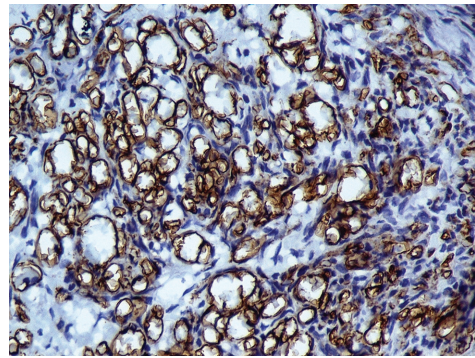
A 32 yr old male<sup>†</sup> on anti-retroviral therapy presented to the Dermatology outpatient department, University College of Medical Sciences & Guru Teg Bahadur Hospital, New Delhi, India, in December 2018, with one-year history of multiple firm, discrete, erythematous to violaceous plaques and nodules (Fig. 1) scattered all over the body, including oral and genital mucosa (Fig. 2), which bled on manipulation since one year. He also had non-pitting oedema of the right

lower limb (Fig. 3) and generalized lymphadenopathy. His CD4 count was 30 cells/mm<sup>3</sup>. Ultrasonography of his right lower limb showed subcutaneous oedema and thickening. Biopsy of a skin nodule over the leg confirmed Kaposi's sarcoma (KS). Fine needle aspiration cytology from skin nodules revealed clusters comprised of oval-to-spindle cells with moderate indistinct cytoplasm, oval-to-spindle nuclei and finely granular chromatin (Fig. 4). Histopathology demonstrated

<sup>†</sup>Patient's consent obtained to publish clinical information and images.



**Fig. 5.** High power view showing proliferation of spindle cells with numerous intervening blood-filled spaces (H and E,  $\times 400$ ).



**Fig. 6.** Immunohistochemistry showing CD34-positive endothelial cells ( $\times 400$ ).

unremarkable epidermis, but the underlying dermis showed circumscribed mass of spindled cells with unlined slit-like spaces and extravasated erythrocytes (Fig. 5). Immunohistochemistry revealed diffuse CD34 positivity in the endothelial cells of tumour vessels (Fig. 6).

**Conflicts of Interest:** None.

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