

switched ruby laser have been tried to treat these lesions; however, there is no definitely effective treatment for both hyperpigmented and hypopigmented lesions. Recently, Kim et al.⁵ reported that they successfully treated the hyperpigmented lesions of DUH with a Q-switched Nd:YAG laser.

Only a few cases of DU have been reported worldwide, and we could find only three cases in the Korean literature (Table 1)²⁻⁴. Particularly, adult-onset DU like our case is very unusual. Thus, we here report a case of DU occurring in a 29-year-old female patient with no family history.

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A Case of Primary Palmoplantar Kaposi Sarcoma: An Unusual Presentation

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Dear Editor:

Kaposi sarcoma (KS), first described by Moriz Kaposi in 1872, is a vascular neoplasm with multicentric cutaneous and extracutaneous involvements¹. It can be categorized into four clinical variants: classical, iatrogenic, African, and acquired immunodeficiency syndrome related. We report a rare case of classic KS in a patient with lesions localized on both palms and both soles.

An 87-year-old Korean man with Alzheimer dementia visited our clinic with a 6-month history of painful skin lesions on both palms and both soles. On physical examination, he had multiple, discrete violaceous to brownish patches on both palms and extensive indurated, hyperkeratotic plaques on both soles (Fig. 1). No other similar skin lesions were noted anywhere else on his body. He denied taking any immunosuppressant medications.

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Fig. 1. (A) Variable-sized, multiple, discrete violaceous to brownish patches on both palms. (B) Extensive indurated and hyperkeratotic plaques on both soles.

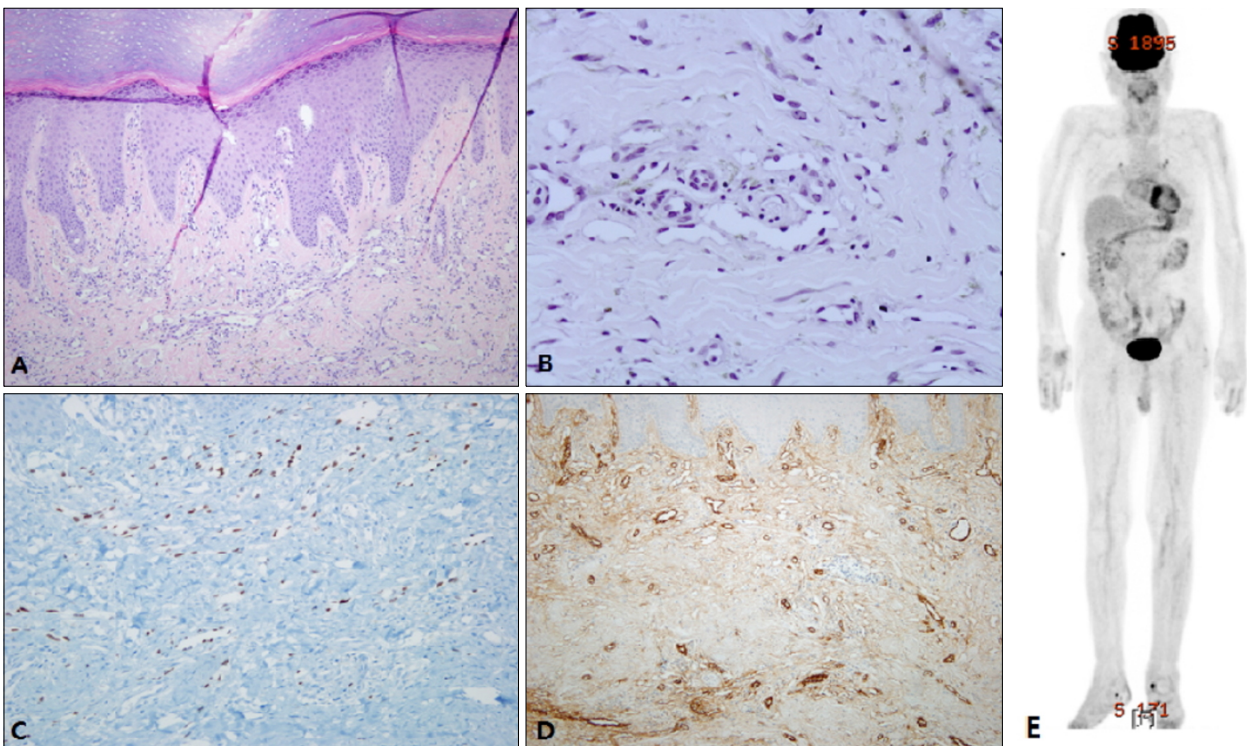


Fig. 2. (A) Numerous, irregular, bizarre, dilated thin-walled small vascular channels in the dermis (H&E, $\times 100$). (B) Normal blood vessel protruding into newly formed blood vessels characteristic of the promontory sign (H&E, $\times 400$). (C) Immunohistochemistry for human herpes virus 8 (HHV-8) showed strong nuclear staining of spindle-shaped cells (HHV-8 stain, $\times 200$). (D) Immunohistochemical staining revealed a positive reaction to factor VIII-related antigen (factor VIII-related antigen stain, $\times 100$). (E) Whole-body F-18 FDG PET/CT scan showed no other abnormal uptake except in both palms and both soles.

Routine laboratory investigations, including complete blood cell count, liver and renal function tests, and chest radiography, showed normal results. Serologic tests for human immunodeficiency virus and syphilis were negative. For an accurate diagnosis, a punch biopsy was taken from his left palm. Histopathology with hematoxylin and eosin

staining revealed numerous irregular, bizarre, dilated thin-walled vascular channels in the dermis (Fig. 2A). The protrusion of normal blood vessel into newly formed vessels resulted in the characteristic promontory sign (Fig. 2B). Immunohistochemical staining for human herpes virus 8 showed strong nuclear staining of spindle-shaped

cells (Fig. 2C) and a positive reaction to factor VIII-related antigen (Fig. 2D). The whole-body F-18 fluorodeoxyglucose positron emission tomography/computed tomography (FDG PET/CT) scan showed no other abnormal uptake except in both palms and both soles (Fig. 2E). On the basis of clinical and histological findings, the diagnosis was concluded to be patch stage classic palmoplantar KS. The patient received local radiation therapy at 3.0 Gy per fraction, every week for 10 weeks (total dose, 30 Gy). Considerable regression of the skin lesions and symptoms occurred. After the last treatment, whole-body F-18 FDG PET/CT was performed again, and the result showed a near disappearance of all the previous hypermetabolized areas.

Classic KS is typically found in older men of Mediterranean and Jewish descent, and it is generally rare among Asians. Clinically, classic KS is a slow-growing tumor that manifests with solitary or multiple plaques and nodules, most frequently localized on the lower legs². Case reports of KS limited to the palms and soles are rare^{3,4}, and such cases had involved either one palm or one sole only⁵. Our case is of particular interest because both palms and both soles were involved in the same patient. The treatment modalities for KS include nonintervention, surgery, laser surgery, radiotherapy, chemotherapy, immunotherapy,

and antiviral drugs. Classic KS is known to be highly radiosensitive, and radiotherapy often produces good therapeutic results in early-stage disease confined to the skin or mucosa.

To our knowledge, this is one of few case reports on a primary palmoplantar manifestation of classic KS. Because classic KS may present with atypical clinical presentations, physicians should properly identify and diagnose this condition when violaceous nodules or patches develop on the palms or soles of elderly patients.

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