References:


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During the past year an epidemic of an unusually aggressive and disseminated form of Kaposi’s sarcoma has been seen in young gay men. All of them show evidence of immunological deficiencies. Some of the patients have developed secondary opportunistic infections such as pneumocystis pneumonia, as well as unusually persistent infections with herpes simplex and candidiasis. There are now over eighty patients with this disease. Most are in New York and California but there are a few patients from other states and in Europe. Over seventeen percent of the patients have died. In addition, over eighty cases of pneumocystis pneumonia have been reported in young immunosuppressed homosexual men without Kaposi’s sarcoma.

The clinical and histological appearances are atypical and may be easily overlooked. Long delays in diagnosis have occurred. Multiple small reddish-purple or hyperpigmented brown macules, papules, plaques or nodules ranging in size from 2mm up to 2cm may appear on the trunk and on the extremities as well as in the mouth. The early persistent lesions may have an appearance similar to bruises, insect bites, pigmented nevi or dermatofibromas. There is no itching or pain. Localized or generalized lymphadenopathy with tumor involvement may be present and quite striking. Some patients present with lymph node and visceral involvement without any skin manifestations at all. Asymptomatic gastrointestinal involvement often exists as demonstrated by endoscopy or colonoscopy which has been difficult to diagnose by routine x-ray contrast examinations.

Examples of the kinds of skin lesions seen are illustrated in Figures 1 and 2. The most striking feature is the pink to purple color. A lesion of the oral mucosa is seen in Figure 3.

The histopathology of the skin lesions is shown in Figure 4. Mistakes in clinical and histopathologic diagnosis have occurred and have included hemangiomas and eruptive proliferative angioendotheliomas. In some cases it has been necessary to send the biopsy specimens to several pathologists before the correct diagnosis was made. Typical vascular slits and extravasated red blood cells are seen in the skin biopsy, shown in Figure 4. The histopathologic diagnosis of the diseased lymph nodes may be subtle and difficult to ascertain unless the characteristic histology of Kaposi’s sarcoma is carefully considered.

Doctor Bernard Ackerman in New York and Doctor Richard Segebiel in San Francisco have had extensive experience in reviewing these specimens and will be happy to examine material from suspected cases.

Please send slides to:

Dr. Bernard Ackerman  
New York University Medical Center  
530 First Avenue  
New York, New York 10016

Dr. Richard Segebiel  
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San Francisco, California 94143  
Attn: Kaposi sarcoma study

The Dermatology Department at New York University (212-340-5314) or the University of California in San Francisco (415-666-2051) can refer you to specialists who have experience in evaluating this condition.