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## Abstract

Kaposi's sarcoma (KS) is a malignant tumor of endothelial origin associated with infection by human herpesvirus 8 (HHV8), which belongs to the Gammaherpesviridae family. It is a common malignant tumor in individuals who are HIV-positive. Laryngeal involvement is rare and is typically found in patients infected with HIV.

## Objectifs

To study clinical findings and management of a case of a laryngeal Kaposi sarcoma.

## Méthodes et Matériels

A case report of a 61-year-old patient with laryngeal Kaposi's sarcoma not associated with HIV and review of literature.

## Résultats

- A 61-year-old man,
- **History** of Kaposi's disease of the right leg,
- Presented with **chronic dysphonia** that had been present for 7 months,
- **Clinical examination**: a tumour process in the left vocal cord (VC), with no associated cervical lymphadenopathy.
- **Endoscopic examination**: two whitish tumors in the posterior 1/3 of the left vocal cord. The right vocal cord was intact, as were the supraglottic and subglottic levels.



**Fig1: Laryngeal scan:** no thickening or abnormal contrast uptake, either in the vocal cords or in the supra- or subglottic structures

- Laryngeal biopsies and **histopathological examination**: malignant tumor proliferation compatible with **Kaposi's sarcoma**.
- **HIV serology** was **negative**.
- Laryngeal and cervicothoracic-abdominal **CT scans** performed 3 months after direct laryngoscopy (DL): no thickening or abnormal contrast uptake, either in the vocal cords or in the supra- or subglottic structures. However, a pulmonary nodule measuring 3.2 mm was discovered in the right upper lobe. **(Fig 1)**
- **A 2nd follow-up DL** was performed with no abnormalities.
- Following a **multidisciplinary consultation meeting** in the oncology department, the decision was taken to monitor the patient closely by endoscopy and radiology.

## Conclusion

- ✓ Kaposi's sarcoma with a laryngeal origin that is not associated with HIV is exceptional.
- ✓ The diagnosis is made through histopathological examination of biopsy specimens.
- ✓ Clinicians should be able to consider this diagnosis even in HIV-seronegative patients and in the absence of cutaneous manifestations.
- ✓ Treatment mainly involves surgery, chemotherapy, and radiotherapy.