

CHIRURGIE CERVICO-FACIALE ET CANCÉROLOGIE

Laryngeal Kaposi Sarcoma: An Odd Histology and Evolution

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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

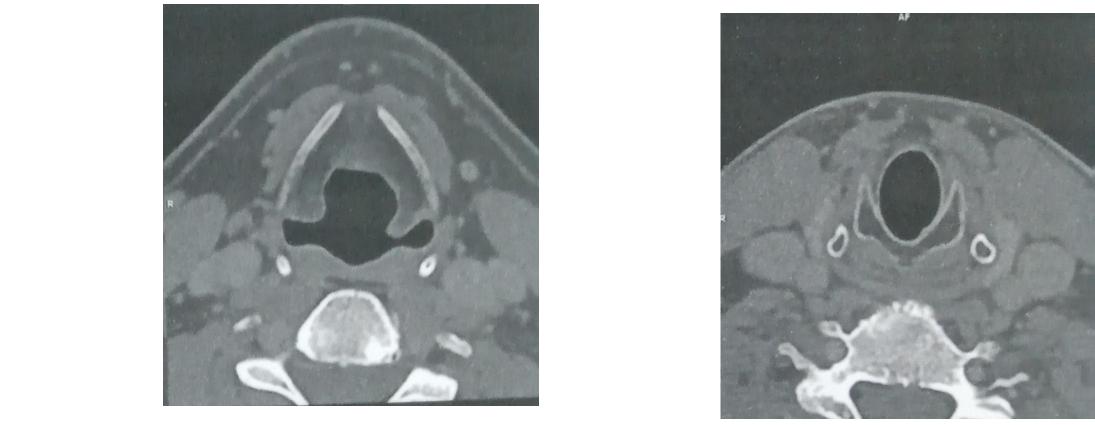
- A 61-year-old man,
- History of Kaposi's disease of the right leg,
- Presented with chronic dysphonia that had been present for 7 months, \bullet
- **Clinical examination:** a tumour process in the left vocal cord (VC), with no associated cervical \bullet lymphadenopathy.
- **Endoscopic examination:** 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 subglotticlaryngeal structures

- with Kaposi's sarcoma.
- HIV serology was negative.
- discovered in the right upper lobe. (Fig 1)

- the absence of cutaneous manifestations.



Laryngeal biopsies and histopathological examination: malignant tumor proliferation compatible

• 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 subglotticlaryngeal structures. However, a pulmonary nodule measuring 3.2 mm was

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

 \checkmark Kaposi's sarcoma with a laryngeal origin that is not associated with HIV is exceptional.

 \checkmark The diagnosis is made through histopathological examination of biopsy specimens.

 \checkmark Clinicians should be able to consider this diagnosis even in HIV-seronegative patients and in

 \checkmark Treatment mainly involves surgery, chemotherapy, and radiotherapy.