

Penile Kaposi's sarcoma in a HIV negative HHV-8 positive man.

Dear Editor,

Kaposi's sarcoma (KS), first described in 1872 by Moritz Kaposi, is a tumor of vascular origin¹. Initial presentation on the penis is uncommon and is more often observed in AIDS patients, who usually develop an aggressive form of the disease². Since the first report in 1902, few cases of primary penile Kaposi's sarcoma in HIV negative patients have been reported in the literature³. We present a case of a male patient, who was HIV negative and human herpes virus 8 (HHV-8) positive and presented with two Kaposi's sarcoma lesions on the inner layer of the prepuce.

An otherwise healthy 50-year-old man with no history of homosexual activity or sexual transmitted diseases presented to our department with two contiguous bluish penile nodules. The nodules were approximately 0,5cm in size and located on the inner layer of the prepuce. They were not painful and were reported to gradually enlarge over a two-month-period, since first noticed. As first clinical diagnosis, these lesions were considered to be genital warts. Under local anesthesia, an excision of the lesions was performed. Histological examination showed classical Kaposi's sarcoma.

Blood test for HIV was negative. The presence of HHV-8 was analyzed at the paraffin-embedded excised tissue specimen and the final nested PCR product was tested positive. Physical examination revealed no evidence of inguinal lymph node involvement or other mucocutaneous lesions. Chest X-ray, abdominal and pelvic computed tomography did not demonstrate any additional visceral lesions. The patient is under follow up for six months with no evidence of disease recurrence.

KS limited to the external genitalia is extremely rare in HIV seronegative individuals. Gönen et al reported only 15 well-documented cases of primary penile KS in HIV negative patients in the English literature². The differential diagnosis for penile lesion includes: pyogenic granuloma, condyloma acuminata, glomus tumor and molluscum contagiosum². There is no established treatment for primary classic penile KS. Local surgery is recommended, particular for small or solitary lesions. In general, local recurrences are rare if the primary tumor is completely excised³.

Despite the fact that primary KS of the penis is extremely rare, it should be always considered by venereologists and urologists in the differential diagnosis of nonspecific lesions in this area, even in HIV negative patients.

References

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Conflict of interest

None declared.

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