

Title:

Recurrence of a non-AIDS-related eyelid Kaposi Sarcoma

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A 79-year-old male African patient, with relevant medical history of type 2 diabetes and hypertension, presented in 2018 with a left upper eyelid margin solitary painless red nodule. Initially regarded as a pyogenic granuloma, excision via shave biopsy demonstrated a of nodular stage Kaposi Sarcoma (KS) with positive margins. Patient refused further treatment.

The patient had no documented history of AIDS and had never received immunosuppressive therapy; he was born and raised in Africa and emigrated to the United Kingdom at a young age. Serology confirmed HIV negativity.

Five years after the initial presentation, he presented with a new exophytic well-defined red nodule on the initial location (image 1). A second excisional biopsy was consistent with nodular stage KS, with tumour-free margins.

Pathology from 2018 and 2023 specimens showed similar features (image 2). The skin was ulcerated with a dermal spindle cell proliferation. Architecture varied from fascicular to sieve-like with red cell extravasation. Nuclear pleomorphism was generally mild, and there were scattered mitoses. Immunohistochemistry was positive for HHV8 (KSHV), CD31 and CD34, and negative for S100, Melan A and SMA.



Figure 1. Recurrence of a solitary well-defined red nodule on the left upper eyelid margin.

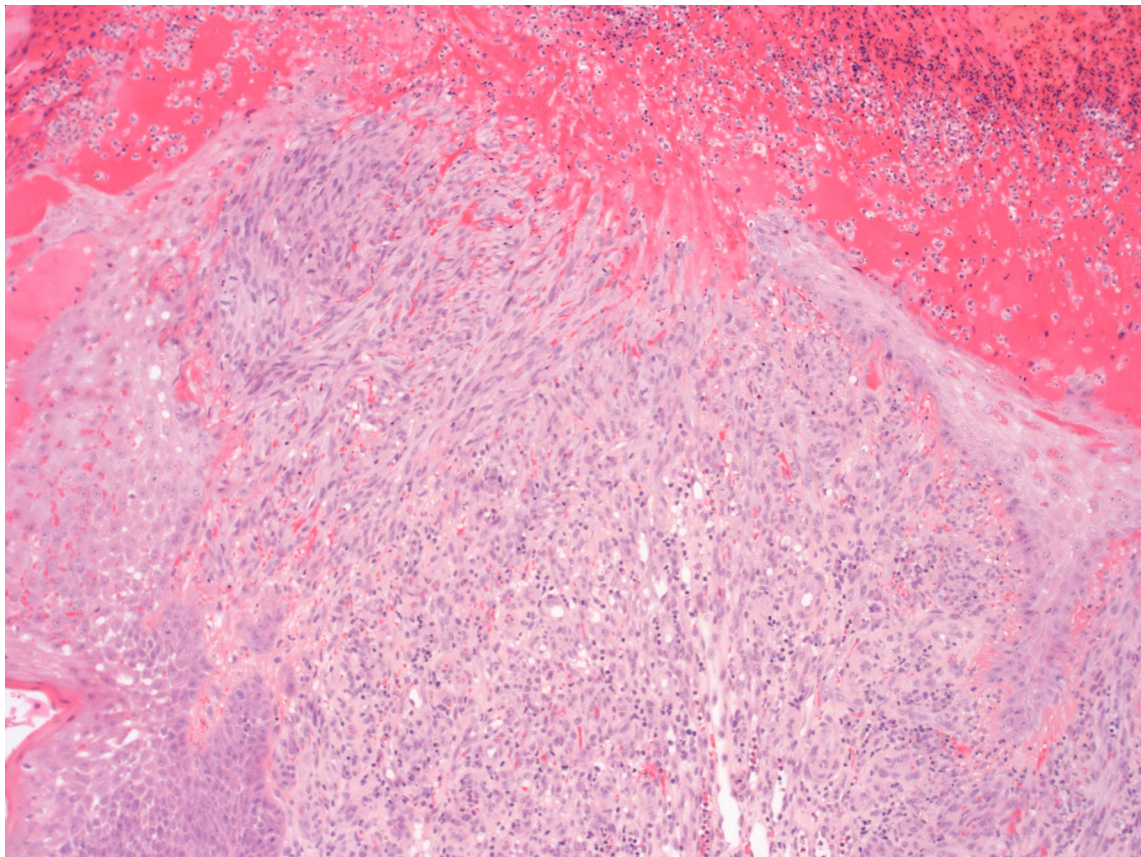


Figure 2. Skin macroscopically ulcerated. Microscopy reveals dermal spindle cell proliferation with variable architecture from fascicular to sieve-like with red cell extravasation. Presence of mild nuclear pleomorphism and scattered mitoses. Positive immunohistochemistry for HHV8 (KSHV), CD31 and CD34, and negative for S100, Melan A and SMA.

