

## Case 1

A 36-years-old Thai female from Nakornratchasima

**Chief complaint** Painful brownish plaque on right lower leg for 2 month

**Present illness** Twenty years ago she developed asymptomatic brownish papules and plaque on right lower leg. Two months ago she developed painful varicose vein.

**Past history** Two years ago she underwent hysterectomy and oophorectomy, currently on premarin supplement.

Ten years ago she had right knee's tendon surgical repair after car accident.

**Physical examination** A middle age Thai woman, no pale, no jaundice.

**Skin exam.** Discrete brownish flattop papules and plaque, linear arrangement on right lower leg and dorsum of right foot, varicose vein on right leg. Transverse scar 2 cm. on right knee.

The other system reviews are unremarkable

**Investigation** Venous reflux test : right leg appears to have incompetent valves in deep veins, left leg appears to have competent valves

**Histological examination :** (S03-7684)

- Increased number of small thick-walled blood vessels throughout the dermis.
- Round and oval vascular spaces lined by plump endothelial cells
- Extravasated erythrocytes, siderophages with fibrosis in the dermis.



Fig. 1



Fig. 2

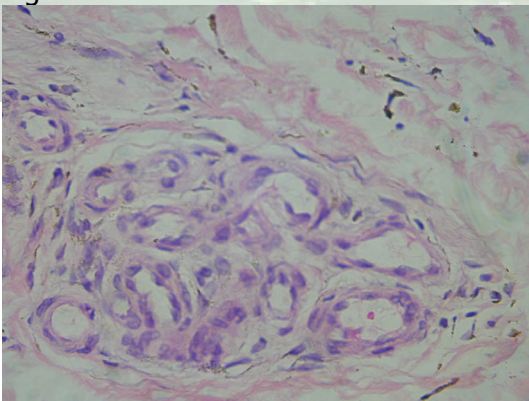


Fig. 3

**Diagnosis** Pseudo-Kaposi 's sarcoma

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**Discussion**

Pseudo-Kaposi 's sarcoma or Acroangiokeratosis is vascular proliferation that associated with stasis dermatitis or arteriovenous malformations such as Klippel-Tranaunay syndrome, Stewart-Bluefarb syndrome and Prader-Labhart-Willi syndrome

The patient presents with violaceous or brown-black papules cover large areas of the distal parts of the leg. Sometimes ulceration and bleeding are noted. The differential diagnosis is Kaposi 's sarcoma, stasis dermatitis and pigmented purpuric dermatosis

Histologic finding showed capillary proliferation with swelling endothelial in deeper dermis. The neovascularization is accompanied by fibrosis with spindle cells, extravasation of red blood cells and deposition of hemosiderin. Immunohistochemical, positive for anti factor XIIIa antibody and CD34 antigen strong labeling of endothelial cell of hyperplastic vessels

Various treatment of this condition had been reported. Oral erythromycin treatment improvement in two case reported. Compression therapy led to complete resolution of the lesion in 5 months. Three month course of Dapsone 100 mg/d combined with leg elevation and elastic support led to complete regression of lesions in one patient. Surgical elimination of the shunts is curative in patient with arteriovenous malformations

### Reference

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