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# THE PHARYNGO-LARYNGEAL MANIFESTATION OF KAPOSI`S DISEASE IN HIV-NEGATIVE PATIENT

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**ABSTRACT**
Kaposi's sarcoma (KS) is a malignant vascular neoplasm with unknown etiology and pathogenesis. It is supposed the impact of racial-genetic factors and immunosuppression. The oral cavity and oropharynx have been affected in 30 percent of all cases. We present a case of a 74 year old man who was admitted in ENT Department with suffocation, hoarseness, dry irritating cough, phlegm. Solid white deposits were observed at the throat. A permanent tracheostomy had been made in another hospital. This case describes diagnostic difficulties of this disease because of unusual localizations of the lesions, infiltrative process which includes deep tissues of the larynx and the hypopharynx and because KS is very much associated with AIDS and in HIV-negative patients it is rarely suspected.

**Key words:** Kaposi sarcoma**,** neoplasm**,** oropharynx, larynx, pharynx, ENT

## INTRODUCTION

Kaposi's sarcoma (KS) is a multifocal malignant neoplastic process characterized, in its classical form, by a slow evolutive course, beginning from the lower extremities. Lately have been reported more and more cases of this sarcoma associated with the acquired immunodeficiency syndrome (AIDS). This kind of neoplasms are not that much uncommon for the ENT-pathology, as the oral cavity and oropharynx have been affected in 30 percent of all cases. However at pharynx and larynx level such description is considered as unusual.

## AIM

The aim of this article is to focus ear, nose and throat (ENT) practitioners on a rarely seen pathology that could represent a diagnostic problem.

## CASE REPORT

We present a case of a 74 year old man who was admitted in ENT Department with the following complaints - suffocation, hoarseness, dry irritating cough, phlegm. Solid white deposits were observed at the throat. The patient was feeling weak and faint. Before visiting this department, a permanent tracheostomy had been made to the patient in another hospital. Upon examination there was found mild hyperemia at the throat, highly swollen soft tissues, affecting the pharynx, which made the observation of the larynx very difficult. The laryngoscopy showed rude swollen vocal cords, which did not fit tightly in phonation. On the left vocal cord was observed polyposis entity. Paraclinical tests were without specifics. Two tests for AIDS were made and the results to both were negative. After the permission for an operation with anesthesia, invasive diagnostic and therapeutic procedures were undertaken. Closed endoscopic biopsy of the larynx and pharynx was performed. The result of the first histological examination showed purulent inflammatory exudate and necrotic tissue. Afterwards, MRI was made. On the MRI was observed an infiltrative process which includes deep tissues of the larynx and the hypopharynx. A new exploratory biopsy was done deeply in the soft tissues of the pharynx and hypopharynx. This time histological examination proved Kaposi's sarcoma and the patient was directed for treatment at the local oncology center.

## DISCUSSION

Kaposi's sarcoma (KS) is a malignant vascular neoplasm with unknown etiology and pathogenesis. It is supposed the impact of racial-genetic factors and immunosuppression (KS is very common in patients with AIDS, patient treated with chemotherapy or after organ transplantations). Four different types of KS are known: 1.Classical - in middle-aged men from the Mediterranean and Europe, 2.African endemic, 3.Iatrogenic – because of immunosuppression, 4.related with AIDS.

Commonly affected areas include the lower limbs, back, face, mouth, and genitalia. KS lesions are nodules or blotches that may be red, purple, brown, or black, and are usually papular. The mouth is involved in about 30%.

After references were made, we came upon articles on the same topic in which the authors also describe diagnostic difficulties of this disease because of unusual localizations of the lesions, or because KS is very much associated with AIDS and in HIV-negative patients it is rarely suspected.

In this case exploratory surgery was difficult because of reduced patency of the larynx but the entire pharynx and hypopharynx were covered by copious amounts of fungal masses. The MRI examination allowed to determine deep infiltration in the pharynx and the hypopharynx.

## CONCLUSION

This kind of neoplasm in the oral cavity and oropharynx are not uncommon in ENT-pathology. However at the level of the pharynx and the larynx such descriptions still are considered rare and unusual. The importance of a throughout ENT-examination of these patients marks the necessity of performing various and deep biopsies, which is very important for timely diagnosis and initiation of appropriate therapy.

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