INTRODUCTION:
Kaposi’s sarcoma was first described in 1872 by Hungarian pathologist, Moritz Kaposi as aggressive “idiopathic multiple pigmented sarcomas of the skin”. It is an AIDS-defining illness, increasing in parallel with the HIV/AIDS pandemic. However, non-AIDS related classic/cutaneous Kaposi’s sarcoma is rare. We present a case of late diagnosis of non-AIDS associated cutaneous Kaposi’s sarcoma of right lower limb.

MATERIALS & METHODS:
A Fifty-two years old man was referred to orthopaedics department for infected chronic non-healing ulcer of right lower limb for 10months. He was previously followed up by dermatology with diagnosis of lipodermatosclerosis as skin biopsy showed pseudoepitheliomatous hyperplasia with no malignancy. At the time of referral, noted right lower limb was covered with nodules and foul smelling ulcers and right toes gangrene. CT shows no lower limb arteries thrombosis with tarsal and metatarsal osteomyelitis. His VDRL, HIV and Filariasis investigations were negative.

RESULTS:
He subsequently underwent right above knee amputation as infections worsening and series of vacuum-assisted wound dressing. He was recuperating well before succumbed to death secondary to ESBL sepsis. Unfortunately only after his demise, biopsy come back as Kaposi Sarcoma with immunohistochemistry of HHV8 was positive.

DISCUSSIONS:
Kaposi’s sarcoma presents with a large spectrum of clinical and histopathological features. In cutaneous Kaposi’s sarcoma, different sizes of plaques or nodules are usually occurs on lower limbs. It is considered to be chronic idly stable disease with low frequency of metastases. Definitive diagnosis are histological evaluation of HHV-8 latent antigen and microscopic presence of spindle cells. In our case, diagnosis of cutaneous Kaposi’s sarcoma was confused by atypical presentation of secondary bacteria infection and initial histopathological results.

CONCLUSION:
Non-AIDS related cutaneous Kaposi’s sarcoma is rare in Malaysia and diagnosis is difficult with a lot mimicies. Good clinical suspicions and early diagnosis with timely oncologist referral will substantially improves patient’s prognosis.

REFERENCES:
1. A report of two non-AIDS associated Kaposi's sarcoma in Malaysia. Choon SE