INTRODUCTION
• Kaposi sarcoma (KS), a multifocal endothelial proliferation, is strongly associated with Human Herpes Virus 8 (HHV8) and HIV.
• First malignancy to be linked with AIDS.
• AIDS defining skin disease.

CASE REPORT
History & examination: A 32-year-old male on Anti-retroviral therapy (ART) presented with 1 year history of
• Multiple firm discrete erythematous to violaceous plaques and nodules scattered over the trunk, oral mucosa, extremities and genitalia. (Images 1,2 & 3)
• Bleeding from lesions on manipulation.
• Non-pitting edema of the right lower limb ( Image 4)
• Generalised lymphadenopathy
• Dyspnea for past 3 months.
CD 4 Count : 30/ µl
Ultrasoundography ( right lower limb) : subcutaneous edema and thickening

HISTOPATHOLOGY :
• Discrete cellular dermal nodule with intervening sieve like blood filled spaces. . (Images 9 & 10)
• Dermal proliferation comprised of spindle cell proliferation of endothelial cells. (Image 11)
• Presence extravasated erythrocytes and hemosiderin. (Image 12)

IMMUNOHISTOCHEMISTRY
Cells were immunopositive for CD34. (Images 13 & 14)

DISCUSSION AND CONCLUSION
• In disseminated Kaposi sarcoma, lymphedema and pulmonary involvement are poor prognostic signs and belongs to ACTG stage T111S1.
• Histology of Kaposi sarcoma is well described, however, FNAC is uncommon and cytological features have been rarely reported.

REFERENCES