HIV-ASSOCIATED KAPOSI’S SARCOMA- A REVIEW

Abstract:
Kaposi’s sarcoma (KS), currently the most common neoplasm associated with Acquired Immunodeficiency Syndrome (AIDS), was a rare occurrence prior to the onset of the AIDS epidemic. KS is considered as an AIDS defining illness. Kaposi first described KS as an idiopathic multiple pigmented sarcoma.
Epidemiological studies have demonstrated a much higher incidence of KS in homosexual and bisexual men who are infected with Human Immunodeficiency Virus (HIV) compared with patients who acquired HIV infection parentally or through transfusion products or intravenous drug use.
KS is an angioproliferative disorder, has a viral etiology and a multifactorial pathogenesis hinged on an immune dysfunction. The disease is with a course ranging from indolent, with only skin manifestations to fulminant, with extensive visceral involvement. Four subtypes have been described: Classic KS, affecting middle aged men of Mediterranean descent; African endemic KS; KS in iatrogenically immunosuppressed patients and AIDS-related KS.
KS can be staged by six overlapping clinicopathologic forms: patch, plaque, nodular, lymphadenopathic, infiltrative and florid. The current consensus for treatment favours an individualized approach that bases treatment decisions on the extent and rate of tumor growth, the presence or absence of visceral involvement and patient’s symptoms.

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The purpose of this paper is to review the literature present on KS as the incidence of AIDS related KS is increasing at an alarming rate.

**KEY WORDS:** Angioproliferative, multifactorial, immune dysfunction