Kaposi's sarcoma as a manifestation of AIDS occurs in about 25% of all AIDS cases; about 10% of this proportion develop this tumour with an opportunistic infection. The different risk groups for AIDS, however, appear to have different susceptibilities for developing this cancer. In homosexual patients the risk is about 5 times that of a patient from any of the other risk groups. About 40% of homosexual AIDS patients develop Kaposi’s sarcoma. The reason for such a prevalence in homosexuals is unclear, but it is believed that the sarcoma is caused by an as yet unidentified opportunistic virus widespread in the homosexual community but rare in other groups.

DEFINITION

Kaposi’s sarcoma is a cancer of the skin and connective tissues. The exact cell of origin is not known although it is believed to arise from endothelial cells such as the cells which line blood vessels. Malignant transformation causes the inner wall of small blood vessels to become stippled with spindle-shaped tumour cells. A similar picture may be seen when Kaposi’s sarcoma involves lymph nodes and internal organs. The continued growth of the tumour may produce lymphatic obstruction and as a result the affected limbs become swollen and internal organs may become congested and enlarged. The tumour does not metastasize, it is multifocal and involves numerous sites with a predilection for the gastrointestinal tract, from the mouth to
the anus. Therefore in many cases the tumour remains localized and is of no problem to the patient.

Kaposi's sarcoma is not a new disease although in the United States it was certainly very rare before 1978 with only 0.02–0.06 cases per 100,000 population, well below 1% of all cancers. However, in certain settings Kaposi's sarcoma was known to be far more frequent and is characterized by two types: classical Kaposi's sarcoma and African Kaposi's sarcoma.

(1) Classical Kaposi's sarcoma

This occurs in elderly men, over 50 years, of Ashkenazi, Jewish or Mediterranean descent. Kaposi's sarcoma was initially identified in this group in 1872, by an Austrian dermatologist Dr Moritz Kohn Kaposi who described it as an 'idiopathic multiple pigmented sarcoma of the skin'. For over 50 years after Kaposi's original description researchers were mainly concerned with the epidemiological, clinical and pathological aspects of the disease. The last five years have seen a remarkable increase in prevalence of this disease particularly associated with homosexual men.

Clinical features
The disease course is generally indolent and it rarely affects the internal organs. Purple or blue patches appear mostly on the skin of the lower extremities, especially the feet although lesions can appear anywhere on the skin or mucous membranes and in the gastrointestinal tract. There may be just one or hundreds of lesions and they are often associated with surrounding oedema, signifying tumour infiltration into lymphatics or veins. These skin lesions often coalesce forming large plaques or nodules and may ulcerate. Patients often die of illnesses unrelated to the neoplasm. There may be an increased incidence of secondary malignancies, particularly lymphoma among patients with classical Kaposi's sarcoma.

Average survival time in this group of elderly patients is 8–13 years which is comparable to age-matched controls without Kaposi's sarcoma.