Kaposi Sarcoma is a soft tissue cancer of the mucous membranes, lymph nodes, and other organs. It is caused by human herpesvirus-8 (HHV-8). Kaposi sarcoma lesions can be multifocal, meaning lesions are found in different parts of the body.

You are at a higher risk of developing Kaposi sarcoma if:

- You have the human herpesvirus 8 (HHV8), especially those who are immunocompromised related to an HIV infection, organ transplant, older age, or other contributing factors.
- You are of Jewish, Mediterranean, or equatorial African descent.
- You are male.
- You are immunocompromised.
- You are a man who has sex with men.

There are a variety of Kaposi sarcoma sub-types, including:

- Epidemic (AIDS-related) Kaposi sarcoma.
- Classic (Mediterranean) Kaposi sarcoma.
- Iatrogenic (transplant-related) Kaposi sarcoma (Acquired).
- Immunosuppressive therapy-related Kaposi sarcoma (Acquired).
- Kaposi sarcoma in HIV-negative men who have sex with men.
- Nonepidemic Kaposi sarcoma.

What is staging and how is it done?

Staging is a way to find out if and how far the cancer has spread in your body. Your provider will have you get a few tests to figure out the stage of your cancer. These tests may be:

**Physical Exam:** This is a general exam to look at your body and to talk about past health issues.

**Radiologic Imaging:** Radiology tests can look inside your body to look at the cancer and determine if it has spread. These tests can include:

- CAT scan (CT scan).
- Chest X-Ray.
- Positron emission tomography scan (PET scan).

**Laboratory Testing:** Blood tests such as blood chemistry tests and a CD34 lymphocyte count.

**Procedures:** These include:

- **Biopsy:** A piece of tissue is removed and looked at under a microscope to look for cancer. Types of biopsy used to test for Kaposi sarcoma are:
  - **Excisional biopsy:** A scalpel is used to remove the whole abnormal area or growth on the skin.
  - **Incisional biopsy:** This type of biopsy uses a scalpel to remove only a part of an abnormal tissue or growth.
  - **Core biopsy:** Removal of a small part of the abnormal skin growth with a wide needle.
  - **Fine-needle aspiration (FNA) biopsy:** A small part of the abnormal growth is removed with a thin needle.
• **Endoscopy**: A thin, lighted tube is placed into the esophagus, stomach and small bowel, which lets the healthcare provider see any abnormal areas within the gastrointestinal tract. Lymph nodes can also be removed for testing.

• **Bronchoscopy**: A thin lighted tube is placed into the trachea (windpipe) and larger airways of the lung to look for any abnormal areas needing biopsy and/or fluid sample.

• **Photography**: Also called mapping, photography may be used to watch for new Kaposi sarcoma skin lesions.

Cancer stage determines how extensive the cancer is, if and how far it has spread, and what treatment course is recommended. Currently, there is no official staging system for epidemic Kaposi sarcoma, however, the TIS staging system has been used by the AIDS Clinical Trials Group (ACTG), evaluating tumor, immune system, and systemic illness. The system further describes the stage as good risk (0) and poor risk (1).

Some cases of Kaposi sarcoma can be treated with surgery.

**Surgery for Kaposi Sarcoma**

Surgery is often used to treat Kaposi Sarcoma. The procedure used depends on many factors, like the size and location of the cancer. Your surgeon will talk to you about your specific procedure.

Surgical procedures used to treat Kaposi sarcoma include:

- **Local excision**: The abnormal area of skin tissue, as well as a small amount of healthy appearing tissue, is removed.
- **Electrodesiccation and curettage**: This procedure removes the affected skin growth with a curette (a spoon-shaped surgical tool). An electrical current with a special needle is used to stop any bleeding and kill remaining Kaposi sarcoma cells.
- **Cryosurgery/Cryotherapy**: Liquid nitrogen is put on the abnormal area of skin to freeze and kill Kaposi sarcoma cells.

**What are the risks of Kaposi Sarcoma surgery?**

As with any surgery, there are risks and possible side effects. These can be:

- Bleeding.
- Blistering.
- Infection.
- Tissue or vessel damage.
- Nerve damage.
- Pain.
- Scarring and/or skin whitening.
- Sexual dysfunction (location specific).
- Ulcers.
- Wound opening.

**What is recovery like?**

Recovery from Kaposi sarcoma surgery will depend on the extent of the procedure you have had. You will be taught how to care for any surgical incisions and will be given any other instructions prior to leaving the hospital or surgi-center.

Your medical team will discuss with you the medications you will be taking and will also talk with you about changes to your activity level, depending on the surgery you have had.

**How can I care for myself?**

You may need a family member or friend to help you with your daily tasks until you are feeling better. It may take some time before your team tells you that it is ok to go back to your normal activity.
Be sure to take your prescribed medications as directed to prevent pain, infection and/or constipation. Call your team with any new or worsening symptoms.

There are ways to manage constipation after your surgery. You can change your diet, drink more fluids, and take over-the-counter medications. Talk with your care team before taking any medications for constipation.

Taking deep breaths and resting can help manage pain, keep your lungs healthy after anesthesia, and promote good drainage of lymphatic fluid. Try to do deep breathing and relaxation exercises a few times a day in the first week, or when you notice you are extra tense.

- Example of a relaxation exercise: While sitting, close your eyes and take 5-10 slow deep breaths. Relax your muscles. Slowly roll your head and shoulders.

This article contains general information. Please be sure to talk to your care team about your specific plan and recovery.