Successful Treatment of Kaposi’s Sarcoma with a Combination of Antiviral Drug Therapy and Chemotherapy: Two Case Reports

Sir—We read with interest the report by Revuelta and Nord concerning the successful treatment of multicentric Castleman’s disease (MCD) associated with human herpesvirus 8 (HHV-8) with use of foscarnet for a patient with HIV infection [1]. Kaposi’s sarcoma (KS) is also an HHV-8–associated disease [2]. Prognosis for patients with KS remains poor, despite the implementation of many chemotherapeutic regimens [3]. We report two cases of Kaposi’s sarcoma that responded favorably to therapy combining antiviral drugs and chemical agents.

A 29-year-old HIV-positive man (CD4 cell count of 10/mm³) who had been receiving zidovudine, lamivudine, and indinavir for 3 months, was admitted to the hospital in September 1997. KS had been diagnosed 6 months before. Eight skin lesions were observed, and there were no visceral lesions. PCR analyses of skin lesions and peripheral blood mononuclear cells (PBMCs) were positive for HHV-8 DNA. Although the patient was treated with bleomycin (5 mg/d) for 3 consecutive days per month for a period of 4 months, his condition did not improve.

On admission, physical examination findings were increased spreading of cutaneous lesions and the presence of a lesion on the palate. Endoscopic examination revealed involvement of the esophagus and colon. Multiple biopsy procedures confirmed KS, and results of PCR analysis of skin lesions and PBMCs were still positive for HHV-8 DNA. The patient was treated with foscarnet (90 mg/kg b.i.d.) for 21 days and received five treatments of liposomal daunorubicin (75 mg once every 2 weeks). Results of PCR analysis of skin lesions and PBMCs were negative 1 week after the start of the treatment and remained negative 6 months later. The patient’s condition improved with remission of skin and palate lesions.

A 28-year-old HIV-negative man from Africa, who had been receiving corticosteroid therapy for 18 months for disseminated atopic eczema, was admitted to the hospital in November 1997 for the treatment of cutaneous nodular KS, which had been diagnosed 9 months before admission. Although the patient received five treatments of liposomal daunorubicin (75 mg once every 2 weeks), his condition did not improve. On admission, the status of the cutaneous lesions was unchanged, and results of PCR analyses of skin lesions and PBMCs were positive for HHV-8 DNA, as they had been 9 months before. The patient started receiving cidofovir (5 mg/kg once a week for the first 2 weeks, and thereafter, once every 2 weeks) and liposomal daunorubicin (75 mg once every 2 weeks) for a period of 6 months. The number of skin nodules decreased. Results of PCR analysis for HHV-8 DNA in PBMCs were negative 1 week later and remain negative as of May 1998.

HHV-8 has been detected by PCR analyses of PBMCs and skin lesions of patients with KS. Morfeldt and Torssander observed the remission of KS in patients receiving drug therapy for herpesvirus infection [4]. To our knowledge, this is the first report of the successful treatment of KS with a combination of chemotherapy and an antiviral drug, as confirmed by the failure to detect HHV-8 DNA in PBMCs with use of PCR, and by the remission of the skin lesions. In these cases, the disease failed to respond to chemotherapy alone, whereas the addition of antiviral drugs led to the disappearance of PCR-detectible HHV-8 DNA and the remission of lesions. Although further studies are needed, these reports suggest that therapy for HHV-8–associated diseases must include an antiviral drug for improved prognosis.

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Reply

Sir—The hypothesis that human herpesvirus 8 (HHV-8) causes Kaposi’s sarcoma (KS) continues to receive supportive evidence in the clinical setting. Recent studies have shown that the antiviral agents cidofovir, foscarnet, and ganciclovir exhibit activity against HHV-8 in tissue cultures [1]. Treatment with ganciclovir and foscarnet has been shown to be associated with remission of KS lesions in patients with AIDS [2]. Although the literature contains reports of successful treatment of KS and other HHV-8–associated conditions with use of various therapies [3], the letter of Badiaga et al. provides the first well-documented report of disease regression occurring after PCR-confirmed clearance of HHV-8 from the blood and infected tissues of patients with KS, following the addition of antiviral therapy for HHV-8 infection. Failure to detect HHV-8 in