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Abstract

INVOLVMENT OF VIRUSES IN ORAL KAPOSI SARCOMA

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Abstract:

Kaposi sarcoma (KS) is a multifocal angioproliferative disorder of vascular endothelium, usually described in HIV positif patients, and primarily affecting mucocutaneous tissues with the potential to involve viscera. Four clinical variants of classic, endemic, iatrogenic, and epidemic KS are described for the disease, each with its own natural history, site of predilection, and prognosis. All forms of Kaposi sarcoma may manifest in the oral cavity and Kaposi sarcoma–associated virus (KSHV), also known as Human Herpes Virus type 8, appears essential to development of all clinical variants. The spectrum of therapeutic strategies is broad and selection of appropriate intervention mandates a thorough understanding of disease spread and the patient's symptomatology, as well as risks and benefits of therapy. Thus, in the absence of therapy, the clinical course of KS varies from innocuous lesions seen in the classic variant to rapidly progressive and fatal lesions of epidemic KS. Our case report provides an overview of clinical aspects, pathogenesis and treatment about a non HIV positif patient presenting the classic form of KS related to HHV8.

synergy (>10(3)-fold potentiation) was observed when aBL was combined with Q-HCL, compared to either treatment alone (P<0.001). aBL+Q-HCL was also effective at inactivating biofilms more effectively than either therapy alone in all pathogens tested (P<0.001). Transmission electron microscopy of A. baumanii and C. albicans revealed that aBL+Q-HCL induced morphological

and ultrastructural changes consistent with cell wall and cytoplasmic damage. In addition, in P. aeruginosa and A. baumanii, using single cell Raman spectroscopy we discovered that aBL enhanced the uptake of Q-HCL into cells. aBL+Q-HCL was additionally effective at eliminating P. aeruginosa and C. albicans within mouse abrasion wounds, with a 100-fold and 10-fold improvements in the elicited antimicrobial effects (P<0.001). Q-HCL alone did no influence the viability of P. aeruginosa or C. albicans in vivo. The TUNEL assay revealed no significant presence in apoptotic cells before and 24 hours following treatment with aBL+Q-HCL. The combination of aBL+Q-HCL was highly effective at eliminating both bacterial and fungal pathogens in vitro and in vivo. These findings therefore suggest aBL+Q-HCL may be a highly effective approach to treat infections irrespective of pathogen etiology.

Biography:

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