5 Dennis EA: The regulation of eicosanoid production: The role of phospholipases and inhibitors. Biotechnology 1987;5:1296–1300.
6 Pruzanski W, Vadas P: Phospholipase A_2 – A mediator between proximal and distal effectors of inflammation. Immunol Today 1991; 12:143–147.
7 Goppelt-Struebe M: Phospholipase A_2 activity in T lymphocytes. FEBS Lett 1986;202: 45–52.
8 Etienne J, Polonovski J: Phospholipase A_2 activity in rat and human lymphocytes. Biochem Biophys Res Commun 1984;125: 719–724.
9 Kobayashi S: Phospholipase A_2 activating factor in sera of patients with psoriasis vulgaris. Jpn J Dermatol 1990;100:1017–1021.

Dermatology 1995;190:319

M. Pechère
P. Chavaz
J.-H. Saurat

Department of Dermatology,
Geneva University Hospital,
Geneva, Switzerland

Multiple Eruptive Dermatofibromas in an AIDS Patient: A New Differential Diagnosis of Kaposi's Sarcoma

The clinical differential diagnosis of Kaposi's sarcoma is large with more than 35 possibilities [1]. Multiple eruptive dermatofibromas in HIV-infected persons have not previously been reported before Murphy et al. [2]. This entity is probably underestimated and can mimic Kaposi's sarcoma as it is illustrated in the following case report.

A 37-year-old homosexual Caucasian was known for AIDS disease (stage C3) with prior Candida esophagitis and a very low CD4 count (5 cells/mm^3). He was treated with zidovudine and zalcitabine associated with a fluconazole and trimethoprim-sulfamethoxazole prophylaxis. He consulted our clinic for evaluation of asthenia, anorexia and abnormal liver tests. Finally, disseminated infection with *Mycobacterium genavense* was suspected [3], and the symptoms disappeared with a combination of clarithromycin, ethambutol and clofazimine. At the initial physical examination, 7 firm, purple-brown nontender papules ranging in size from 2 to 6 mm were noted on the skin (4 on the back, 2 on the anterior left thigh and 1 on the right foot). A very light desquamation was seen at the top of the lesion. All lesions except that of the foot were recent and were not pruriginous. Our first diagnosis was Kaposi's sarcoma. Biopsy firmly excluded this diagnosis and showed a typical dermatofibroma with an ill-defined dermal tumor. Characteristically the epidermis above the lesion was hyperplastic and hyperpigmented. A grenzzone was present immediately under the epidermis. The dermal part was composed of interlacing fascicles of slender spindle cells and collagen. Histiocytes were scattered between the spindle cells, and thin-walled blood vessels were rare within the lesion and dilated at the periphery. Multinucleated giant cells, neovascularization with angulated vascular channels, extravasated red blood cells or mitotic figures were absent. Diagnosis of multiple eruptive dermatofibromas was made, and no specific treatment was proposed.

This case shows that eruptive dermatofibroma is not rare in AIDS patients and can mimic Kaposi's sarcoma. It should be considered in the clinical differential diagnosis. Multiple eruptive dermatofibromas in AIDS can help the dermatologist to understand the pathogenesis of this common tumor of the skin. In this regard, the concept developed by Nestle et al. [4], which explains dermatofibroma as an abortive immunoreactive process, featuring dermal dendritic cells as initiators of the disease is very interesting.

References

1 Martin RW, Hood AF, Farmer ER: Kaposi sarcoma. Médecine 1993;72:245–261.
2 Murphy SC, Lowitt MH, Kao GF: Multiple eruptive dermatofibromas in an HIV-positive man. Dermatology 1995;190:309–312.
3 Pechère M, Opravil M, Wald A, Chave JP, Bessesen M, Sievers A, Hein R, Overbeck J, Clark RA, Tortoli E, Emler S, Kirschner P, Gabriel V, Böttger EC, Hirschel B: Clinical and epidemiology features of infection with *Mycobacterium genavense* infection. Arch Intern Med, in press.
4 Nestle FO, Nickoloff BJ, Burg G: Dermatofibroma: An abortive immunoreactive process mediated by dermal dendritic cells? Dermatology 1995;190:265–268.

Dr. M. Pechère
Department of Dermatology
Geneva University Hospital
CH–1211 Geneva 4 (Switzerland)

1018–8665/95/1904–0319
$ 8.00/0