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Kaposi's Sarcoma: Introduction

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In equatorial Africa, the natural environment shows a wide variety ranging from tropical to temperate climate. Population density is low in rural areas, and people are living together in villages keeping in close contact with each other in family life. Although countries in those areas are developing steadily, there are still a lot of endemic and epidemic tropical diseases in rural areas; infections, neoplasms, metabolic and genetic disorders. In such an environment at the hospitals or dispensaries, or even in the villages, occasionally you can see patients, mostly elderly men, having swelling of the extremities, especially the lower leg or foot, with multiple small nodules, often bilateral. Some of the nodules may be regressive, disappearing spontaneously. Histopathologically in small nodules, only edema with slight inflammatory cell infiltration or non-specific granulation-like lesions with slight proliferation of spindle-shaped cells and blood capillaries in the cutaneous or subcutaneous tissues may be observed. In more larger nodules, probably in its advanced stages, interlacing spindle-shaped cells with abundant blood capillaries, apparently different from typical hemangiosarcoma and other soft tissue tumors are observed. With its characteristic manifestations, these lesions are identical to the disease which Kaposi first described in 1872 as "Idiopathisches multiples Pigmentsarkom der Haut", later called Kaposi's sarcoma (KS).

Although numerous papers on KS in Europe, North America and Africa have been published, and many meetings and symposia have been held, in the last one hundred years, many aspects of the disease are still controversial and need to be clarified. Recently, KS became a timely topic, even in non-endemic and non-epidemic areas, in the fields of immunology and oncology as a prominent complication of immunosuppression or immunodeficiency such as in renal transplantation and Acquired Immune Deficiency Syndrome (AIDS).

In this meeting on KS, the following points should be included in the discussion.

- 1) Classifications: KS can be classified epidemiologically, clinically and histopathologically into several categories, including endemic form in Africa, classical form in Europe and North America and epidemic form of AIDS.
- 2) Clinical aspects (manifestations):
- 3) Histopathology and histogenesis: KS is a soft tissue disease, but the origin of the cells is still controversial. Recent studies employing electron microscopy have revealed a variety of cells suggesting the origin of the tumor from pluripotential mesenchymal cells or endothelial cells. Dr. Beckstead will present his excellent works on the histogenesis of KS.
- 4) Entity, definition and histopathological diagnostic criteria: Is there any correlation with angiosarcoma or lymphangiosarcoma? Histopathology covering KS and the main fields of diagnos-

tic problems, and particularly difficulties in differentiation from its related and analogous diseases should be discussed. Dr. Gottlieb's lecture on chronology and simulators of KS will be elucidating on these points. And what is true nature of this disease, infection or neoplasm? Or is it a tumor at all? On this question Dr. Mirra will give us his excellent view.

5) Epidemiology and geographical pathology: On the basis of our experiences, it is very difficult to verify statistically the distribution of the disease, especially in African countries. The relationship of KS to the natural environment, human ecology, socioeconomic conditions, genetic differences may be significant as a background for the occurrence of KS. Dr. Safai and Dr. Millard will give us important lectures. Furthermore, KS and similar diseases in historically non-endemic and non-epidemic areas are also important. Whether or not KS or similar diseases exist in the Orient, especially in this country, where ATL is prevalent? Dr. Enjoji will present a case of KS and historical review of the disease in Japan, and Dr. Tange will also give us an additional presentation on a similar case to KS in Japan.

6) Etiology: In connection with the above mentioned subjects, etiological factors and cofactors on KS should be discussed. For example, retrovirus, cytomegalovirus, Epstein-Barr virus, herpesviruses, immunodeficiency and genetic factors.