

Proceedings of the 8th Annual Meeting of the Japanese Society for Oral Pathology

Meeting Period: August 21-22, 1997

Meeting Venue: Nagasaki University School of Medicine, Nagasaki, Japan

Organizing Committee: Chairperson: Professor Haruo Okabe,

Department of Oral Pathology, Nagasaki University School of Dentistry

Program

Opening address: Professor Haruo Okabe

Business Session:

The session was called to order by JSOP President, Professor Yoichiro Kameyama.

Scientific Session:

Special Lecture: Chairperson: Professor Haruo Okabe

General Session

Chairpersons: Professors Masaki Shimono, Hiroshi Fukuyama, Hidetaka Sakai, Tetsuhiko Tachikawa, Naokuni Ijuhin, Nobuo Utsumi, Masahiro Fukushima, Hirotsugu Yamamoto, Minoru Takagi, Katsuya Kitamura, Takashi Saku, Motoo Kitano, Hiromasa Nikai, Akio Tanaka and Shigeo Eda, and Associate Professor Takao Kohgo

Banquet:

Closing address: Professor Haruo Okabe

Abstracts of Scientific Session

SPECIAL LECTURE

Pathology of Kaposi's sarcoma: classical, African endemic and AIDS-related types Professor Hideyo Itakura

Dept of Pathol, Inst of Trop Med, Nagasaki Univ

Kaposi's sarcoma (KS) was first described by Kaposi in 1872 in eastern Europe. A sudden increase in the number of KS has been observed along with the epidemic of AIDS. Since the occurrence of the first case of AIDS, KS has been considered to be one of its main complications.

The conventional classification of KS has been based on historical and epidemiological background as follows: (a) classical form of KS occurring in cluster distribution among people in some parts of Europe and in the Mediterranean countries; (b) endemic form of KS peculiar to African indigenous people, especially in equatorial Africa; (c) epidemic form of KS in HIV-infected or AIDS patients (AIDS-KS); and (d) other forms of KS including its occurrence in patients after organ transplantation who have been treated with immuno-suppressive therapy, and KS complicated with other malignant neoplasms such as malignant lymphoma. The epidemiology and geographical pathology are quite characteristic, as shown in the classification of the disease.

Classical KS is quite rare if compared with the incidence of other tumorous or true neoplastic lesions. Sporadic cases of KS, which have been reported from all over the world except equatorial Africa before the evolution of AIDS, should be classified in this group, although no definite diagnoses of true KS have been given in some cases. The incidence of African endemic KS was about 5.7% of all malignant tumours of surgical specimens. The age distribution of African endemic KS showed two peaks in early age and in middle to advanced age. The male to female ratio was about 8.0:1.0. KS in western Kenya has shown a sharp geographical and ethnological distribution. A remarkable increase in the number of cases of AIDS-KS has been observed along with the epidemic of AIDS since 1981. Initial reports on this form of KS were exclusively among homosexual men and intravenous drug abusers. The most striking feature in Uganda is the emergence of KS as the leading cancer in males and the second most frequent in females in 1989-1991. This fact parallels the evolution of the epidemic of AIDS.

KS commonly involves skin, occasionally lymph nodes, lung, liver, intestine, or other viscera. Classical KS of the skin is usually of long standing for years. Repeated appearance and spontaneous regression are not uncommon. African endemic KS is clinically classified into several categories as follows: (a) adult type and infantile type; (b) cutaneous type, lymph node type, and visceral type; and (c) acute aggressive type and chronic or relatively benign type. African endemic adult KS

affects principally the skin of the extremities in a multifocal and often symmetrical fashion. The disease appears mostly on the skin, as multiple discrete nodules or plaques of the extremities. In adults, the most common site of the primary lesion is the foot, followed by the leg, hand, and forearm. In some cases, parts of lesions are remarkably swollen and mimic elephantiasis caused by filariasis. African endemic adult KS may involve the lymph nodes, oral cavity, esophagus, gastrointestinal tract, and other viscera, although the visceral type is less frequent than the cutaneous type. In contrast, African endemic infantile KS affects almost exclusively the lymph nodes at the inception and is more aggressive. AIDS-KS patients are usually young or middle-aged homosexuals. AIDS-KS may involve the skin, lymph nodes, oral cavity, nasopharynx, lungs, gastrointestinal tract, liver and other viscera. Although the macroscopic appearance of skin lesions in some cases of AIDS-KS is similar to that of classical KS, the clinical course of this form of KS is usually shorter and more aggressive. The lesions are multiple, dark red in colour, and occasionally hemorrhagic.

The predominant histological features of KS nests are fundamentally proliferative lesions of two main components of tissue: (1) vascular tissue of capillary type and (2) spindle-shaped cells in interspaces of the vascular tissue. The former is characterized by an angioproliferative lesion occasionally accompanied by edematous changes and a slight inflammatory cell infiltration, and the latter by massive and dense proliferation of spindle-shaped cells, especially in African endemic KS. By immunohistochemical methods,

immature and mature endothelial cells and spindle-shaped cells of KS lesions show a positive reaction for mesenchymal cells. In our ultrastructural study of African endemic KS of the skin and lymph nodes, the capillaries of KS showed an abortive growth of the blood capillaries. Flow cytometric DNA analysis revealed that KS cells were diploid.

The lesions of KS may be caused by immunological suppression or some immune factors. The disease entity of KS is still obscure. In the advanced stages of African cutaneous endemic KS, especially in older patients, hyperplasia of angiomatous tissues and spindle-shaped cells may transform into neoplastic proliferation in the long course of the disease. Many hypotheses concerning the nature of KS have been proposed. KS may be a reversible hyperplasia at its inception, and in some cases, may transform into a true neoplasm at the advanced stages. However, the direct causative agents, pathogenesis and entity of KS are still controversial.

Additionally results of our comparative epidemiological study in western part of Kenya, East Africa between the periods before and after the middle of 1980s were as follows: 1) Frequency of KS among malignant tumors has increased from 2.6% to 3.8%. 2) Male to female ratio has changed from 9:1 to 6.1. 3) Age distribution of KS has changed from two peaks composed of early childhood and middle aged groups to three peaks including an adolescent group. 4) Mean age of KS patients has shifted from 40 to 36. 5) Frequency of disseminated and aggressive cases of KS with lymph node involvement among adult patients has increased.

GENERAL SESSION

1G1: Two cases of lump caused by thrombus Iwamoto J, Tsujino T, Kata K, Michizoe A, Sumida S, Sugiyama M and Ishikawa T

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Two cases showing clinical symptoms as lump are presented in this report. Clinical diagnoses suspected intramuscular hemangioma (Case 1) and submandibular lymphadenitis (Case 2). The lesions were histologically diagnosed as thrombus. Case 1; A 38-year-old female noticed a lump at the right parotid-masseter region. The lesion consisted of numerous dilated vascular cavities, which were filled with blood coagula and partial organization due to newly-formed granulation tissue. Case 2; A 63-year-old male suffered from a lump and swelling at the left submandibular region. The lesion consisted of dilated vascular cavities, in which granulation tissue was seen.

2G2: A case of angiomylipoma of the nasal cavity Sakurai K and Uematsu K

Dept of Pathol [Hospital], Second Dept of Pathol, Hyogo Coll of Med

A case of angiomylipoma arising from the wall of nasal cavity is presented. The patient was a 47-year-old man with a chief complaint of complete obstruction of the right nasal cavity due to polypous mass. He had noticed repeated bleeding from the polypous lesion. Histologically, the resected tumor (measuring 28×25×20 mm in size) consisted of proliferating capillaries with components of smooth muscle and mature fat cells.

3G3: A case presentation of a juvenile angiofibroma with invasion in buccal mucosa Iwaki H, Oouchi T and Tanaka N

Dept of Clin Pathol, Dept of Oral Surg, Sch of Med, Sapporo Med Univ; Dept of Oral Pathol, Sch of Dent, Health Sciences Univ of Hokkaido

A 14-year-old boy complained of a tumor in the right buccal mucosa. CT scan showed a mass which arose from the nasopharyngeal region and extended to the