Reviewer’s report

Title: Morphologic and Immunophenotypic Evidence of In-Situ Kaposi Sarcoma

Version: 3 Date: 24 October 2006

Reviewer: Peter Biberfeld

Reviewer’s report:

General
Please find the language revisions for the manuscript below:

Kaposi’s sarcoma (KS) is a vascular neoplasm that may involve mucocutaneous and visceral body sites. KS lesions are comprised of aberrant vessels and spindle-shaped tumor cells that increases in frequency from an early patch and plaque and ultimately establishes a tumor (nodular stage). Several lines of evidence support a lymphatic endothelial origin of Kaposi’s sarcoma (KS) [1]. Specifically, KS spindle cells react with monoclonal antibodies to VEGFR-3 (the extracellular domain of the vascular endothelial growth factor-C receptor), which is a marker for lymphatic endothelial cells [2]. The D2-40 antibody is another selective marker of lymphatic endothelium and similarly reacts with KS lesional cells at all stages of progression, supporting the concept that KS originates from a stem cell capable of undergoing lymphatic differentiation [3]. Finally, infection of differentiated blood vascular endothelial cells with human herpesvirus-8 (HHV8) has been demonstrated to induce lymphatic lineage-specific genes with concomitant down regulation of blood vascular genes [4].
The spectrum of KS lesions has been expanded to include pre-KS, a lymphedematous form of KS [5]. Here we report a case that provides clear histological evidence of the development of such early (in-situ) KS with immunohistochemical verification.

A 34-year-old homosexual male with acquired immune deficiency syndrome (AIDS)-related KS presented with chylothoraces due to obstruction of his thoracic duct by KS. He had extensive cutaneous lesions on the face, forehead, upper torso, mid-abdomen, left arm, and left flank. He had been initially diagnosed with AIDS when he presented with

What next?: Accept after minor essential revisions