Introduction Kaposis Sarcoma (KS) is the most common HIV related neoplasm since the outburst of the HIV epidemic in early 1980s. After the widespread use of highly active antiretroviral therapy (HAART) its incidence has declined drastically, but even today patients find themselves infected with HIV after developing KS.

Methods Case Report.

Results We report the case of a 36 years old, African-american, bisexual man who had his HIV diagnosis all over his body six months earlier. At first visit to our service he has presented with 70 skin lesions, 69 of them were violaceous and nodular, one oral mucous lesion and typical biopsy-proven gastric and sigmoid lesions. His CD4 count was 99 cels/mm3 and HIV viral load was 3412 copies/mm3 (log 3.533). His KS was classified as T1S1. The most disturbing finding, though, was an aberrant presentation of KS on his 2nd left pododactyl, affecting and disturbing the entire normal architecture of this toe, making it three times bigger than usual, displacing the fingernail, along with other nodular lesions on the dorsal face of the left toe. This lesion was very secretive, with a clear and foetid fluid. Patient had already started TDF/3TC/EFZ plus sulfamethoxazol-trimetoprim 1 week earlier and we prescribed liposomal doxorubicin, 20mg/m2 each 21 days, alongside with special dressings on this tumoral lesion thrice a week. He achieved undetectable viral load and CD4 cell count of 117 cells/mm3 four months later. Patient received 26 chemotherapy sessions from December 2014 to April 2016, with a total dosage of 852 mg of liposomal doxorubicin, and achieved a complete response, with healing of all skin, mucous and visceral lesions, including a full recovery of the 2nd pododactyl.

Conclusion A combination of HAART plus extensive chemotherapy and proper dressings was successful to completely heal an unusual aberrant tumour in a patient with disseminated KS.