We report here the case of an 81-year-old male with a classical Kaposi sarcoma (KS). He presented with 2 lesions in the right outer ear, in the form of nodules located on the antitragus and at the entrance to the EAC (Fig. 1). The patient reported a prior history of another KS in the forehead region. He was confirmed to be HIV negative and presented an adequate level of immunity.

A biopsy was taken of the antitragus lesion by the Dermatology Department, confirming the diagnosis, as well as a positive result for HHV-8. Both lesions show spontaneous involution, as seen in Fig. 2, so no resection was required.

One year on, he continues relapse-free, but has presented another KS on the ankle, which once more presented total involution following biopsy. Kaposi sarcomas are malignant, multifocal tumours occurring in vascular endothelial cells. They are not true sarcomas and present as brownish-red maculae, papulae, tuberous lesions, plaques or tumours.

It has recently been discovered that the aetiological agent for all kinds of KS is the human herpes virus 8 (HHV-8). They also share the same histological pattern.

Classic KS affects elderly patients from the Mediterranean region. There are other clinical forms of KS: that associated with HIV (the most frequent tumour in these patients), endemic African KS and that associated with immunosuppression.

KS is infrequent in the ENT area, particularly in the outer ear, so this case is a good reminder of this infrequent occurrence for ENT specialists, particularly among HIV-negative patients.