

DISSEMINATED AND ATYPICAL MOLLUSCUM CONTAGIOSUM IN AN AIDS PATIENT

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A case of disseminated molluscum contagiosum (MC) has been reported in a patient suffering from AIDS. Most of the lesions were erythematous papules and nodules with central umbilication. A few giant lesions and lesions over genitalia were also observed.

Key Words : Molluscum contagiosum, AIDS, HIV

Introduction

Between 10-20% of patients with symptomatic HIV disease or AIDS have molluscum contagiosum (MC).^{1,3} The lesions can be present extensively over the face including eyelids.⁴ Various other sites affected are neck, axillae, groin and buttocks.⁵ The lesion can have many atypical features. We describe a case of disseminated and atypical MC in a symptomatic HIV infected person. To the best of our knowledge, this is the first case of AIDS to be reported from Kota.

Case Report

A 32-year-old male, an opium addict for the last 8 years, presented with fever, cachexia and generalized skin eruption of 2 months duration. He was diagnosed as a case of pulmonary tuberculosis and had been receiving rifampicin, INH, pyrazinamide and ethambutol for last 4 months from some local doctor without any improvement. He denied any history of extramarital contact.

On general examination his body weight was 42 kg, he was grossly anaemic. There was generalized lymphadenopathy. Abdominal examination revealed moderate

hepatomegaly and massive splenomegaly. Examination of the respiratory and cardiovascular systems revealed no abnormality.

On cutaneous examination, there were multiple erythematous papulonodular lesions, 4-6mm in diameter distributed over the face, neck, axillae, upper arms and forearms, trunk, genitalia, thighs and legs. Most of the lesions had central umbilication which when punctured expressed cheesy material. A few lesions over the back were quite big with a diameter of 10-12mm (Fig. 1). A diagnosis of disseminated MC with symptomatic HIV infection was made.

Examination of blood revealed haemoglobin 6.8 g%, total leucocyte count 2400/cmm, ESR 30/min; peripheral blood



Fig. 1. Giant MC over the back.

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smear showed a microcytic hypochromic anaemia. Blood urea was 50mg%, creatinine 1.52mg%. Serum was positive for Australia antigen. HIV antibody testing was found to be strongly positive on two occasions using different methods. Skiagram of the chest was noncontributory. Abdominal ultrasonography revealed hepatosplenomegaly. CT scan of the brain was within normal limits.

Smears were taken from the material expressed out from the papulonodular lesions. On Giemsa staining, multiple eosinophilic molluscum bodies were seen.

While the patient was started on injection ciprofloxacin and metronidazole, antitubercular treatment was continued. However, he died of cardiorespiratory failure after 36 hours of admission.

Discussion

Usually the lesions of MC in HIV infected patients are multiple (up to 100 or more). Occasionally individual lesion can attain a size of 10mm or more and has been labelled as giant molluscum contagiosum. Our patient had few such lesions over the back. Rest of the lesions of MC were also quite different from the classical lesions seen in non-HIV infected persons. They were erythematous papules and nodules in contrast

to the shiny and pearly white papules of classical MC. The pathomechanism of giant lesion as well as the modified morphology of MC in HIV infected state is as yet unknown. The lesions are usually persistent and tend to recur after treatment.

In most of the patients with AIDS, MC lesion are found to be extragenital. In our patient with generalized MC, there was involvement of genitalia as well.

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