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AIDS PATIENT PRESENTING WITH COMMON SKIN DISEASES

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A male labourer aged 30 years, presenting with multiple lesions characteristic of molluscum contagiosum over face along with warty lesions on upper arm and psoriasiform lesions over extremities and trunk associated with fever, anorexia, malaise, loss of weight, bloody diarrhoea, lymphadenopathy and pneumonitis, was detected to be seropositive for HIV by HIV spot test and Elisa test and confirmed by Western blot test.

Key Wods : AIDS, Molluscum contagiosum

Introduction

Although molluscum contagiosum, warts and psoriasis occur commonly, their clinical manifestations may get altered in patients suffering from HIV infection. In presence of atypical manifestations of a disease and a high index of suspicion, such infections with HIV may be detected more commonly.This case report highlights the necessity of being more vigilant in such situations.

Case Report

A 30-year-old male, a resident of Bihar was having mild to moderate fever of intermittent nature associated with generalised weakness, anorexia, loss of weight and joint pains for the last 2½ years.He was also having loose motions containing mucous and blood. He developed scaly plaques over extensors of legs, thighs, elbows, forearms and dorsum of hands with associated mild itching for last 7 months followed by sudden eruption of umbilicated, firm papular lesions over face and warty lesions over left upper arm 2½ months back.

The patient was married for the last 11 years, had 2 children aged 6 and 9 years.They were all normal except for some generalised weakness in wife. About 7 years ago he had unprotected extramarital exposure with a prostitute in Bombay. He did not develop any genital lesion or generalised rash. The patient was anaemic and had bilateral firm, non tender lymhadenopathy of cervical, axillary and inquinal regions.

On examination multiple umbilicated papules and papulo-vesicular lesions were seen over face and neck (Fig.1). A large warty lesion was present over uper arm showing koebner's phenomenon. In addition, erythematous scaly plaques were present over forearms, thighs, knees, dorsum of feet and hands (Fig.2). Grettage test was positive in these lesions. Nails, especially toe nails, showed subungual hyperkeratosis with discolouration.

Oral mucosa showed whitish deposits which were confirmed as candida by KOH examination. Genital mucous membrane was normal.No scar or pigmentary lesion was seen.

Hemogram showed TLC to be 3000/cu mm, with neutrophils 76%, lymphocytes 22% and eosinophils 2%. Haemoglobin was 10 gms%, blood sugar, urea and ESR, uric acid and rheumatoid factor were within normal limits. C reactive protein was positive. VDRL test for syphilis was negative. No organisms were found on stool's analysis.

Chest X-ray showed a small opacity in

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the mid zone with increased bronchovascular markings with mottled shadows seen in right paracardiac and hilar region-suggestive of paneumonitis (Fig.3). Sputum tests for AFB were negative on three consecutive occasions.

His wife and children were in Bihar, so their serology could not be done. Symptomatic treatment was given. Zidovidine could not be given due to high cost and non-availability.

Discussion

Widespread molluscum contagiosum is highly characteristic of HIV disease.The morphology of mollusca is typical but the non-genital distribution in adults suggest HIV infection.[1] The lesions tend to be persistent and recur after treatment. Psoriasis can begin with HIV disease and it tends to become severe due to immune changes caused by HIV infection.[2]

In our patient the molluscum contagiosum was widespread and psoriasis was quite extensive. Psoriasiform rash due to syphilis was ruled out by negative serology, though we know that serology can be negative in patients of AIDS.

References

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