

NUMEROUS GIANT MOLLUSCA CONTAGIOSA AND KAPOSI'S SARCOMAS WITH HIV DISEASE

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A 50-year old man with a history of multiple contacts with commercial sex workers and two episodes of blood transfusions in Bombay, presented with giant mollusca contagiosa, Kaposi's sarcomas and refractory pulmonary tuberculosis. Patient was confirmed to be infected with HIV by ELISA and Western blot method.

Key Words : AIDS, HIV disease, Molluscum contagiosum, Kaposi's sarcoma

Introduction

Molluscum contagiosum is a benign self-limiting mucocutaneous disease caused by Molluscum Contagiosum Virus (MCV) belonging to the Pox virus family. In children the infection is acquired through fomites and close contact while in adults having genital lesions, the disease is usually sexually transmitted. The widespread and refractory mollusca of HIV disease occur especially on the face.¹

Case Report

An emaciated 50-year-old male patient with a history of multiple contacts with commercial sex workers and two episodes of blood transfusions in Bombay in early 1980s and on treatment for pulmonary tuberculosis for the last one year, presented to us with more than 50 asymptomatic, non-tender firm pearly and pinkish papules and nodules with central umbilication of one year duration.

The lesions ranged from 0.5 cm to 2.5 cm in diameter with the larger lesions present over the face and the smaller ones over the upper trunk and proximal aspects of upper limbs (Fig. 1). The external genitalia and lower limbs were spared. Diagnosis of molluscum contagiosum was confirmed by Tzanck test.

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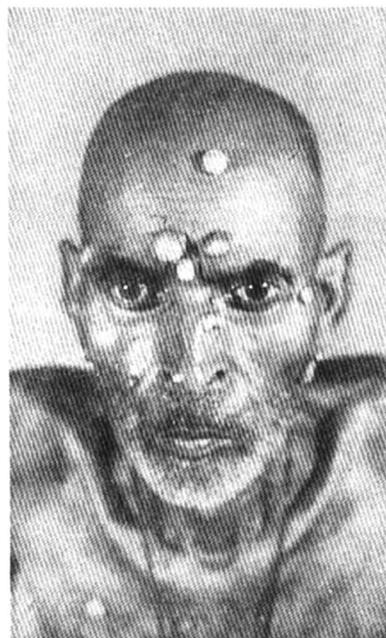


Fig. 1. Giant mollusca contagiosa.

Together with these lesions many asymptomatic violaceous, ovoid macules about 2 cm to 5 cm in length along the long axis were present over the shoulders, chest and upper back for the last two months. Histopathology of these lesions was suggestive of macule/patch stage of Kaposi's sarcoma (Fig. 2).

The patient's leukocyte count was 4000/mm³ and ELISA for HIV was positive. X-ray chest showed bilateral hilar lymphadenopathy and patchy radio-opacities. Patient's HIV status was subsequently confirmed by Western blot method.

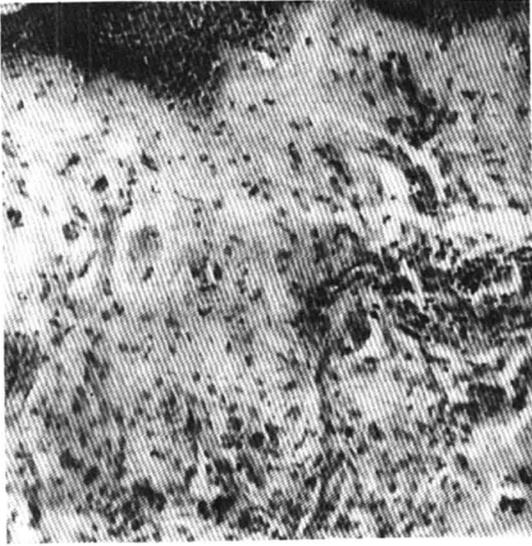


Fig. 2. Histopathology of the purple macules showing spindle-shaped cells and irregular cleft-like spaces in the dermis.

Discussion

There have been numerous reports of severe and multiple MCV infection and Kaposi's sarcoma in patients suffering from HIV infection in the West.² The clinical appearance and the course of molluscum contagiosum in the presence of HIV infection

are atypical.³ Lesions may be giant, are spread widely, and do not show signs of self-healing. The sites most frequently involved are the upper trunk and the face. The typical distribution indicates that the transmission of the virus by occasional contact, or through objects and fomites is more likely than sexual transmission.³

Our patient besides being the first such report from India, highlights the similarities in cutaneous manifestations of AIDS in patients from West and this part of the world. Any patient, thus, presenting with giant mollusca contagiosa especially of the face should be thoroughly investigated for HIV infection.

References

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