Dermatological conditions in HIV infection

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Dermatological conditions are often the presenting feature of the acquired immune deficiency syndrome (AIDS) and include Kaposi's sarcoma and opportunistic infections. Kaposi's sarcoma is the initial presentation of AIDS in over one quarter of homosexual men, though it is less common in other groups.^{1,3} Opportunistic infections may be disseminated and present as skin lesions from which they can be diagnosed.^{4,5} Patients with AIDS and related syndromes have a high incidence of seborrhoeic eczema⁶⁻¹¹ and, less commonly, folliculitis,^{7,8} vasculitis,^{7,8} and viral and fungal conditions.¹² Various unclassifiable conditions have also been described.¹³ Oral manifestations include candidiasis, malignancy, and oral hairy leucoplakia.¹⁴

The large number of patients infected by the human immunodeficiency virus (HIV) at this hospital prompted us to establish a joint venereology and dermatology clinic to investigate the dermatopathology of HIV related disease. To date 146 patients have been seen, all homosexual men. Thirty patients had AIDS,^{15,16} 48 had persistent generalised lymphadenopathy,¹⁷ and 68 were asymptomatic.

Dermatological examination and skin biopsy often led to a diagnosis of AIDS or AIDS related disease.

Kaposi's sarcoma was the commonest cutaneous manifestation of AIDS, occurring in 15 of 30 patients with AIDS. Unlike classical diseases, the lesions showed a remarkable variety of clinical presentation (figs 1-5). Opportunistic skin infections occurred in two patients with AIDS (figs 6 and 7).

Patients positive for HIV presented with various common infections considered to be unusually recurrent or extensive in nature. These included herpes simplex, molluscum contagiosum, tinea pedis, and staphylococcal impetigo (figs 8-11). Many had a recent history of herpes zoster or herpes zoster varicella, or both, and recurrent or persistent oral candidiasis.

Seborrhoeic eczema of recent onset was seen in all groups positive for HIV, particularly in patients with AIDS and persistent generalised lymphadenopathy (fig 12). It was often extensive and cosmetically disabling and only partially suppressed with local miconazole nitrate and hydrocortisone with or without systemic tetracycline. Seborrhoeic eczema may be associated with pityrosporum infection of the skin.^{19,20} Chronic folliculitis of the upper trunk, neck, and arms was seen in these patients (figs 13 and 14). In most of them the results of histological examination showed pityrosporum yeasts within hair follicles. Treatment with systemic antibiotics and antifungal agents was unsuccessful.

Other notable conditions were vasculitis, seen in five patients with AIDS, oral hairy leucoplakia, seen in three patients with

FIG 1—Bruise like Kaposi's sarcoma (patch stage) on heel. Histological diagnosis can be difficult at this stage.¹⁸

FIG 2—Plaque stage of Kaposi's sarcoma with surrounding chronic folliculitis of back.

FIG 3—Extensive plaque stage of foot reminiscent of advanced classical disease.

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persistent generalised lymphadenopathy (fig 15), and recurrent Gram positive perianal erythematous intertrigo.

We wish to emphasise the often florid and recurrent nature of these common skin problems that might look abnormal because of immunodeficiency. In view of the sometimes innocuous appearances of Kaposi's sarcoma all dermatological conditions in these

patients should be investigated thoroughly and biopsies performed routinely (fig 16).

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FIG 4—Pyogenic granuloma like ulceration in Kaposi's sarcoma plaque on sole of foot.

FIG 5—Nodular Kaposi's sarcoma of hallux.

FIG 6—Above: centrally umbilicated lesion in jaundiced patient who had lived in West Indies. Right: histoplasmosis was diagnosed by touch presentation of lesion. Investigation showed systemic disease.

FIG 7—Above: nondescript crusted lesion of cryptococcal infection. Though patient was asymptomatic, investigation of cerebrospinal fluid showed he had cryptococcal meningitis. Left: biopsy sample showing cryptococcal spores in dermis (mucicarmine staining).

FIG 8—Extensive perianal herpes simplex.

FIG 9—Multiple molluscum contagiosum of face.

FIG 10—Florid tinea pedis.

FIG 11—Chronic impetigo of back with post inflammatory hyperpigmentation.

FIG 13—Chronic folliculitis, also itchy, of back.

FIG 12—Florid seborrhoeic eczema of face with erythema and scaling of nasolabial folds and forehead.

FIG 14—Above: chronic itchy folliculitis of arm. Below: biopsy sample showed pityrosporum spores in the hair follicle, visible on haematoxylin and eosin staining.

FIG 16—Above: nodular Kaposi's sarcoma. Left: dermatofibroma of arm. The similarity of these lesions necessitates careful clinical evaluation and biopsy if in doubt.

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FIG 15—Oral hairy leucoplakia on sides of tongue.