The Most Common Cutaneous Manifestations of HIV at Mbarara Regional Referral Hospital

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Introduction

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• Acknowledgements
Background

• Clinic established in 1998
• Treats an average of 4,000 patients per year
• 1 of 2 dermatology clinics in Uganda
• Most common conditions treated
  • HIV dermatoses, tinea capitis, atopic dermatitis
• HIV and dermatology
Methodology

• Retrospective study
• Patient population
• Patient documentation
  – Age
  – Sex
  – HIV status
  – Diagnosis
• Patient photographs
  – Verbal consent
Results

- 372 patients seen between 4/5/12-5/9/12
- 42 with confirmed HIV → 11%
- Males: 5%
- Females: 6%
- Inflammatory Dermatoses 36%
- Infection/Infestations 30%
- Other 20%
- Neoplasms 14%
Results

• Inflammatory Dermatoses
  – Psoriasis (2)
  – Papular Pruritic Eruption (8)
  – Eczematous Eruptions (7)
  – Intertrigo (1)
  – Drug Reactions (2)

• Infection/Infestation
  – HSV (4)
  – Molluscum Contagiosum (2)
  – Fungal (3)
  – HPV (4)
  – Acquired epidermodysplasia verruciformis (2)
  – Syphilis (1)
  – Scabies (1)

• Neoplasm
  – Kaposi Sarcoma (7)
  – Non-Hodgkin’s Lymphoma (1)

• Other
  – Acne (4)
  – Nail changes (1)
  – Unknown (1)
  – Genital ulceration (1)
  – DCPA (1)
  – Acrochordon (1)
  – Palmoplantar Keratoderma (1)
  – Pityriasis alba (1)
Inflammatory Dermatoses
Palmar Plantar Pustular Psoriasis

32yo NYY male, CD4 count unknown
Severe seborrheic dermatitis

37yo NYY male on ARVs and receiving treatment for TB
Severe seborrheic dermatitis

26yo NYY male
Papular eczema

1yo NYY female on ARVs
Acrodermatitis enteropathica-like disease

5yo NYY, weighed 13kg
Steroid-induced acne and fixed drug reaction

41yo NYY female; also suspected to have a hormonal imbalance
Toxic Epidermal Necrolysis

NYY 24 weeks pregnant female; started taking Nevirapine 2 months prior
Infection/Infestations
Herpes Simplex

36yo NYY female presented after 3 days of HSV infection of the philtrum.
Herpes Zoster

32yo NYU male presented with herpes zoster. He was sent for HIV serology and given a prescription for amiltriptyline, acyclovir, and ibuprofen.
Scabies burrows

NYY male presented for evaluation of genital warts. On exam he was found to have scabies as noted by the burrows seen in the pic. He was also being treated for pulmonary TB.
Scabies

33yo NYN male prisoner presented with scabies, seborrheic dermatitis, and PPE. He was sent for repeat HIV testing.
Secondary Syphilis

27yo NYN female with secondary syphilis. She should be screened for HIV again.
Tinea corporis

30yo NYY female (sent for HIV testing that came back positive)
Acquired epidermodysplasia vs secondary syphilis

28yo NYY female with CD4 of 165
Acquired vs Inherited Epidermodysplasia verruciformis
Prior Lichen planus diagnosis
25yo NYU male
KS, acquired epidermodysplasia verruciformis

26yo NYY female with CD4 of 475
Neoplasms
Molluscum contagiosum, diffuse lymphadenopathy, and possible disseminated KS

24yo NYY female with a CD4 count of 31 (9/2011) on ARVs (AZT/3TC/NVP) presented to clinic with c/o painful LE>RE leg lesions. Her gait was noticeably affected by the LE pain and swelling. The LE exhibited pitting edema. There were multiple umbilicated papules, excoriations and erythema b/l. Her face was also swollen due to significant LAD affecting the parotid, postauricular, mandibular, and occipital nodes. There was an erythematous plaque on the palate of the oral cavity suspicious for oral Kaposi’s sarcoma. This led to the concern for disseminated KS or TB adenopathy. She was sent for further workup including CXR, CBC, and LN FNA.
Possible cutaneous KS with lymphadenopathy

39yo NYY male on ARVS, CD4 unknown
Other
Exfoliative Areata Lingua

55yo NYY male on ARVs presented with c/o scrotal itching and scalp lesions. He was found to have intertrigo, pityriasis simplex capitis, and exfoliative areata lingua on exam.
Painless penile ulcer, need to r/o SCC

34yo NYY male on ARVs
Unknown

41yo NYY female on ARVs, CD4 of 151
Pityriasis alba (melanoderma lichenoides type)

31yo NYY female on ARVs with CD4 count of 79 in 12/2012; also diagnosed with atopic dermatitis
Unknown

42yo NYY female
2004-psoriasis; 2006-PPE; biopsy pending
Discussion

• Inflammatory dermatoses are the most common manifestation of HIV at MRRH

• Importance
  – Early diagnosis

• Limitations
  – Number of patients with unknown status
    • 192 patients \( \rightarrow \) 52%
  – Inability to see each patient during the study period
Conclusion

• MRRH Dermatology Clinic
• Categories of HIV dermatoses
• Importance of early diagnosis
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