

CASE REPORT

Molluscum Contagiosum as a Presentation of AIDS

Shah Ataur Rahman¹, S M Khorshed Alam Mazumder²

Introduction:

Molluscum contagiosum is a benign viral infection of the skin caused by a double- standard DNA virus of the poxviridae family. Transmission occurs by direct bodily contact (e.g. through sexual activity), fomites (e.g. underwears), or self inoculation. The incubation period is 14-50 days. The incubation is most common in children, sexually active adults and immunocompromised persons, and it occurs in 5-18% of HIV infected patients. People with HIV infection may have extensive lesions and a strong correlation exists between the degree of immunosuppression and the risk of molluscum, the number of lesions and their resistance to treatment.¹⁻²

A partial differential diagnosis includes the following:

- (a) Disseminated cryptococcosis;
- (b) Other fungal infection;
- (c) Folliculitis;
- (d) Syphilis, condyloma acuminata, vulvar syringoma for multiple small molluscum genital lesions; and
- (e) Squamous or basal cell carcinoma for large, solitary genital lesions.

Case report:

A 48 years old man who came back to Dhaka after serving three and half years in Malaysia was admitted in ENT department of Holy Family Red Crescent Medical College Hospital, Dhaka, Bangladesh with dysphagia for one and a half month, hoarseness of voice and generalized skin lesions. He had a history of rectal bleeding, fever and generalized loss of weight.

Videolaryngoscopy of pharynx showed multiple papules in oral, pharyngeal and laryngeal mucosa. Dermatological

examination showed discrete and confluent umbilicated papules on the face, neck, chest, trunk and extremities. Some lesions were oval, hemispherical and pearly white in colour, especially on the forehead a large mollusca with central keratotic plaque was found. Immunological findings were IgG positivity against herpes virus type I and II, but IgM were negative. HIV test for type I and II were positive. CD4⁺ cell counts were 150/microlitre. The diagnosis was molluscum contagiosum as a presentation of AIDS.

Discussion:

Immunocompetent patients with molluscum contagiosum involving the forehead typically suffer from an isolated lesion that is self limited. Large, more numerous and widespread molluscum contagiosum lesions

1. Professor and Head, Department of Dermatology and Venereology, Holy Family Red Crescent Medical College, Dhaka.
2. Professor and Head, Department of ENT and Head Neck Surgery, Holy Family Red Crescent Medical College, Dhaka.



Figure-1: Shows papular like lesion on forehead which was oval, hemispherical and pearly white in color with central keratotic plaque.

have been documented in patients with AIDS, particularly in individuals immunosuppressed from using prednisolone and methotrexate or patients with lymphoreticular malignant neoplasms or sarcoidosis³⁻⁵.

In HIV infected individuals the disease runs more protracted course with persistent lesions and there appears to be an inverse relationship of the CD4 count and the number of molluscum contagiosum lesions.

Clinically, the presence of solitary molluscum contagiosum lesions in an HIV infected individual suggests appropriate response to Highly Active Anti Retroviral Therapy (HAART).

To prevent molluscum contagiosum infection, direct contact with the skin lesions should be avoided and not to share cloths with other people.

Avoiding sex can also prevent molluscum virus and other STDs. Nonetheless, condoms should still be used every time the disease status of a sexual partner is unknown⁶.

References:

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