

Picture in Tropical Medicine and Health

Epidermodysplasia Verruciformis-like Skin Eruption in an HIV-positive Patient

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Abstract: Epidermodysplasia Verruciformis-like skin eruption is a rare syndrome that usually occurs in patients with immunodeficiency, predisposing them to infections with human papilloma β virus (HPV). We report here an HIV patient presenting with this syndrome.

Key words: HIV, epidermodysplasia verruciformis-like, HPV, warts, pityriasis versicolor

A 38-year-old HIV-positive man, treated with antiretroviral therapy (HAART) and presenting a good immunological status, was evaluated for pruritic skin lesions. The lesions started on the buttocks three years after HIV diagnosis and the beginning of HAART. Physical examination revealed numerous flat papules on the dorsum of the hands, back, buttocks, thighs and knees. It also showed areas of erythema, scaling and some erosions on the buttocks. The histology of one lesion was compatible with flat wart, showing blue cells. PCR for 6, 11, 16, 18 and 33 HPVs on skin biopsy were negative. The clinical and histological findings corroborated, despite the HPV genotype results, the diagnosis of epidermodysplasia verruciformis-like skin eruption (EVL) in a patient infected with HIV.

Epidermodysplasia Verruciformis-like skin eruption is a rare syndrome that occurs more frequently in patients suffering from immunodeficiency, such as HIV, which shows an acquired predisposition to human papilloma virus (HPV) infections due to immunosuppression. The same dermatological findings that characterize the genodermatosis epidermodysplasia verruciformis [1]. EVL is clinically manifested by the development of flat warts and disseminated scaly and pigmented macules that may resemble pityriasis versicolor [2]. Moreover, the viral carcinogen potential combined with ultraviolet exposure is related to an elevated risk of developing pre-malignant and malignant lesions, such as actinic keratosis and squamous cell carcinoma [1, 2]. Histologically, acanthosis and the presence of blue cells in the spinous and granular layers can be

seen. HPV 5 and 8 are the most common virus subtypes found in lesions [2]. Treatment is challenging, and skin lesions are often resistant to treatment despite immune reconstitution by HAART [3]. In our patient, the clinical and histological findings were compatible with the above diagnosis. HPV was not found, probably because the subtype responsible was not tested.



Fig. 1. Flat papules on the dorsum of the left hand corresponding to flat warts

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Fig. 2. Erythematous and scaling plaques on the buttocks corresponding to confluent flat warts

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CONFLICT OF INTEREST

None declared.

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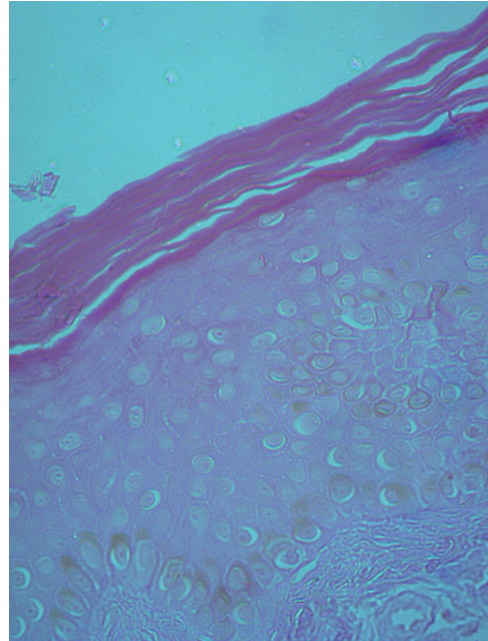


Fig. 3. Orthokeratosis and cells with perinuclear vacuolization and pycnotic nucleus called blue cells

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