

# HIV infection revealed by a diffuse molluscum contagiosum

Imane Couissi, Hanane BayBay, Meryem Soughi, Sara El Loudi, Zakia Douhi, Fatima Zahra Mernissi

Department of Dermatology, University Hospital Hassan II Fès, Morocco

**Corresponding author:** Imane Couissi, MD, E-mail: imane.couissi@usmba.ac.ma

Sir,

Molluscum contagiosum (MC) is, most frequently, a self-limiting, benign, viral skin disease. Its atypical or disseminated presentations occur commonly in immunocompromised patients.

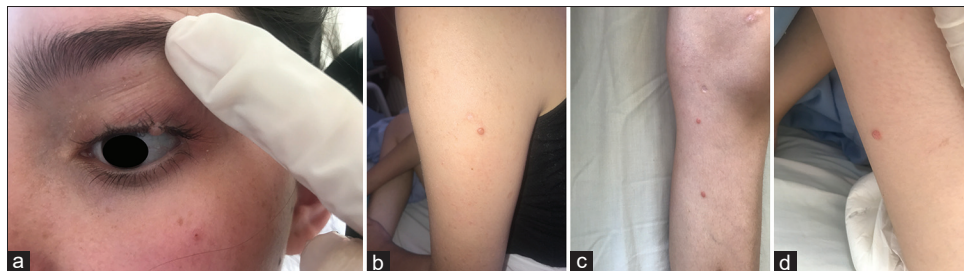
Molluscum contagiosum infection develops in between 5% and 18% of HIV-positive patients. MC in HIV patients is atypical in clinical appearance, with a giant (up to 10 mm or larger) or multiple (often more than 100) lesions, which are chronic and recalcitrant to therapy. The disseminated forms are often indicative of advanced AIDS [1]. The disease involves primarily the face and trunk [2].

Differential diagnosis in HIV-positive patients must include cutaneous cryptococcosis. With molluscum contagiosum-like lesions, these two pathogens have been reported to co-exist in the same lesion. We may add histoplasmosis and penicilliosis as differential diagnoses of cutaneous cryptococcosis in HIV patients [3].

The optimal treatment of MC in HIV patients is the restoration of immunological competence by anti-retroviral therapy. However, cases resistant to standard treatment have been reported [4].

Herein, we report a nineteen-year-old female patient hospitalized at the pneumology department for subacute dyspnea evolving for one month. She presented several lesions of molluscum contagiosum diffused on the body (Figs. 1a – 1d) confirmed on the histological plan and a diffuse pigmentation at the level of the back, neckline, front face of both arms, and thighs, flaring for three months and undergoing a skin biopsy, which came back in favor of an extensive lichen planus (Fig. 2). In front of this atypical cutaneous eruption made of diffuse MC and extended lichen planus, HIV serology was made and returned positive.

A bronchoalveolar lavage was performed and returned in favor of pulmonary pneumocystis. The patient was put on anti-retroviral treatment.



**Figure 1:** (a-d) Several lesions of molluscum contagiosum diffused on the legs, arms, and eyelashes.

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**Figure 2:** Diffuse pigmentation on the neckline.

It is, therefore, necessary to insist that atypical or disseminated MC in adults should be regarded as an indicator of HIV infection even in non-high-risk patients and should be tested for routinely in these patients.

### Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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