

Dermatoses in the AIDS

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SUMMARY

The authors report shortly on their experience in diagnosing and treating skin manifestations in the early and late stages of HIV infection. They believe that by careful observation of skin symptoms it is possible to suspect with great probability the HIV infection. According to their experience they range the symptoms into three major groups. The most frequent disorders: seborrheic dermatitis, candidiasis, condyloma accuminatum, herpes simplex, Kaposi's sarcoma, and dermatophytosis.

Dermatoses with aggressive course: syphilis, cutaneous leishmaniasis, necrotising folliculitis, necrotising gingivitis, herpes zoster, molluscum contagiosum, scabies and papular pruritic eruption. Exceptional dermatoses: psoriasis, oral hairy leukoplakia, and prurigo.

This review was prepared in order to help the dermatologists and general practitioners in screening the HIV positive patients.

Introduction

About 90% of patients infected with the Human Immunodeficiency Virus (HIV) present some manifestation on the skin and mucous membranes (1,2), which can be not strictly assigned to the different stages of this infection: the asymptomatic HIV positive patients, those affected by the AIDS Related Complex (RCA), and patients with expressed AIDS. Contrary to the symptoms in the early stages of HIV infection, the manifestations in fully expressed AIDS are less characteristic compared to the symptoms observed in routine dermatological cases.

Skin disorders in these patients may appear atypical, they may be widespread, have a more prolonged course, and the response to treatment may be poorer than expected.

Some years ago the World Health Organization (WHO) recommended including the HIV infection into Sexually Transmitted Diseases (STD). The Human Immunodeficiency Virus presents the same multidisciplinary, epidemiological, preventive, and social problems, which fact justifies WHO decision.

KEY WORDS

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persons,
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