

## Case Report

### **MULTIPLE PEARLY LESIONS OVER FACE – A CASE REPORT**

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**Abstract:** A 42 year old married man presented with multiple, asymptomatic, skin colored lesions over face for 4 months. There was history of malaise and on and off fever since 3 months. On cutaneous examination, there were multiple dome shaped, pearly white papules with central umbilication, measuring 1-3 mm in diameter studded all over face, with a few lesions over neck as well. Bed side giemsa smear test of the extruded material from the lesions showed molluscum bodies. Histopathological examination of the skin lesion was also consistent with molluscum contagiosum. On further investigations patient was found to be HIV positive with a CD4 cell count of 78. Patient was referred to the nearby ART centre for further management. The case highlights atypical manifestation of a common skin infection in an immunocompromised patient.

**Key words:** HIV, Molluscum contagiosum, Pearly skin lesions

#### **Introduction:**

Molluscum contagiosum occurs worldwide and appears specific to humans. It is a benign, self limiting but frequently troublesome viral infection that generally affects children. However it is a greater concern in immunocompromised individuals and in those with atopic dermatitis, in whom the distribution and duration of infection may be more extensive. Molluscum contagiosum infection is considered as a clinical sign of marked HIV progression and very low CD4 cell counts. <sup>[1]</sup>

Characteristic skin lesions consist of single or multiple, rounded, dome-shaped, waxy,

pearly or flesh colored umbilicated papules that are 2-5 mm (rarely up to 1.5 cm in the case of a giant molluscus) in diameter. Between 10 and 30% of patients with symptomatic HIV disease or AIDS have molluscum contagiosum. <sup>[2]</sup>

#### **Case report :**

A 42-year-old married man presented with multiple, asymptomatic, skin colored raised lesions all over the face since four months. Initially, the lesions appeared around the eyes which later spread all over the face and neck. On further history taking, patient also gave history of malaise and on and off fever since 3 months. There was no history of

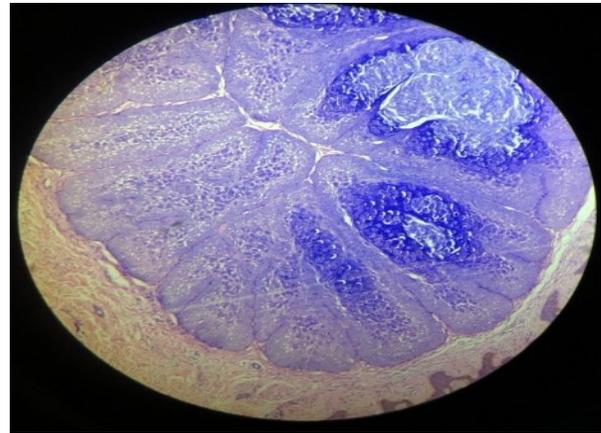
similar lesions in wife. Patient denied any history of extramarital contact. On examination there were multiple pearly white, dome shaped, umbilicated papules 1-3 mm in diameter, studded all over face and neck [Fig-1]. General physical examination revealed generalized lymphadenopathy. The systemic examination was within normal limit. Bed side test was conducted by squeezing the material from the skin lesions and preparing a giemsa smear, which showed the characteristic molluscum bodies (Handerson Peterson bodies). The material from the papule was also send for fungal and bacterial culture and was found negative. Lesions were subjected to biopsy which showed characteristic appearance [Fig-2]. Complete blood count, ELISA for HIV, VDRL, Liver function tests, Renal function tests were done. Patient was found to be HIV positive with CD4 count of 78. He was referred to the nearby ART along with his spouse for further management.

## Discussion

Molluscum contagiosum is a common skin infection caused by mollusci pox virus (DNA virus). Infection is transmitted by direct skin to skin contact, fomites or sexual contact. In its typical form, usually the diagnosis is clinical and easy. In immunocompromised individuals, atypical forms of molluscum contagiosum may be difficult to diagnose. It should be differentiated from basal cell carcinoma, keratoacanthoma, Darrier's disease and cutaneous cryptococcosis and penicilliosis<sup>[3]</sup>. Sometimes eczematous changes appear around the classical molluscum lesions, known as molluscum dermatitis<sup>[4]</sup>.



**Fig 1: Multiple pearly umbilicated papules**



**Fig 2: Histopathology showing cut tomato appearance**

Cutaneous manifestations are very often the first sign of HIV infection<sup>[5]</sup>. In these patients, skin conditions may occur in atypical and extensive forms. Also the disease involves primarily the face and the trunk, whereas in immunocompetent adults it is usually limited to the genital area. The extent of molluscum infection correlates inversely with CD4+ T-cells count<sup>[6]</sup>. Differential diagnosis in HIV-positive patients must include cutaneous cryptococcosis which frequently resembles molluscum contagiosum. Interestingly, these two pathogens have been reported to co-

exist in the same lesion. Treatment of molluscum contagiosum in HIV-positive patients is restoration of immunological competence by anti-retroviral therapy.

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