ABSTRACT

A descriptive cross sectional study of the cutaneous findings in HIV positive patients was conducted at the Pramongkutklao Hospital Skin Clinic.

The objectives of our study were: to determine the frequency distribution of various cutaneous findings in HIV positive patients, to describe the various patterns of cutaneous findings in HIV positive patients, and to study the relationship between cutaneous drug eruption in HIV positive patients and their possible causative agents. All patients must be HIV seropositive as determined by GPA and ELISA, have at least 1 cutaneous finding , be more than 13 years of age and in the case of drug eruption, a cutaneous reaction that occurs within 3 weeks after initiation of the implied drug.

A total of 147 patients were enrolled in our study, which was divided into a retrospective and prospective part. For the retrospective study, data was extracted from existing medical records. For the prospective study, we took a history and examined the patients. 129 patients were enrolled in the retrospective study, which covered a duration of 3 years and 10.5 months starting from 1st January 1995 to 13th November 1998. 18 patients were enrolled in the prospective study, which was conducted from 16th November 1998 to 8th January 1999. The median age was 32 years in the retrospective group and 34 years in the prospective group. Skin findings were classified into infections, eczema, drug eruptions, pruritic papular eruptions (PPE) and benign tumors. All patients were examined by dermatologists.

There were 34 different varieties of cutaneous findings in the retrospective study, and the total number of findings in this group was 192. Cutaneous findings with a frequency of greater than 5% include PPE (51.2%), fungal infections (23.3%),

viral infections (22.5%), eczema (17.8%), bacterial infections (10.1%), drug eruptions (7.0 %) and other findings (12.4%). More than three- quarters (78.3%) of the patients presented to the Skin Clinic with pruritus.

There were 16 different varieties of cutaneous findings in the prospective study, and the total number of findings in this group was 29. Cutaneous findings with a frequency of greater than 5% include PPE (50.0%), eczema (38.9%), fungal and viral infections (16.7%), drug eruptions (5.6%) and other findings (22.2%). Again, more than three- quarters (77.8%) of the patients presented with pruritus .

Cutaneous findings in the retrospective and prospective groups were generally similar. Frequent conditions in the retrospective group were PPE (51.2%), oral candidiasis (21.7%), herpes zoster (10.9%) and oral hairy leukoplakia (10.1%). The most frequent condition in the prospective group was PPE (50%).

There were 2 notable differences in our study when compared to other studies done abroad: the high frequency of PPE and the absence of Kaposi's sarcoma in our study subjects. When compared to studies done locally, there was an absence of *Penicillium marneffei* in patients with low CD4+ T-lymphocyte cell counts in our study.

We have demonstrated a statistically significant association between low CD4+ T-lymphocyte cell counts and PPE in the retrospective study. PPE could therefore be an important marker of failing immunity in HIV positive patients.

A total of 15 patients presented with herpes zoster in the 2 study groups. They were relatively young with a median age of 34 years and an age range of 21 to 41 years. All presented with vesicular skin lesions and 5 (33.3%) patients including 1 patient

from the prospective study presented with multidermatomal herpes zoster involving 2 to 5 contigous dermatomes.

Cotrimoxazole appeared to be commonly associated with drug eruptions in the retrospective study. 8 of 12 skin diseased patients (66.7%) who took cotrimoxazole developed eruptions while only 1 of 11 skin diseased patient (11.1%) who took cotrimoxazole in the prospective study developed an eruption. The percentage distribution of drug eruptions in the retrospective and prospective study groups were however, almost identical (7% vs 6%), as the number of patients recruited in the 2 study groups were different.

We recommend that HIV infection should be considered in the differential diagnosis of an individual presenting with pruritus.