Mucocutaneous manifestations at HIV infected patients
Clinical and therapeutic considerations

Abstract

The HIV infected patient’s present different forms of cutaneous manifestations. In some cases it could be a skin disease among opportunistic infections, in some other cases the cutaneous manifestations, or the ones at the mucous membrane level, emphasize the deterioration of the immunitary status.

The dermatologists have a role that cannot be overlooked when approaching in a multidisciplinary way of the HIV infected patients. It is necessary that before introducing the antiretroviral therapy, HIV infected persons should benefit from a specialist check-up, which includes the thorough examination of the teguments and mucous membranes and screening for sexually transmitted illnesses.

The present study researched:

o The prevalence of mucocutaneous manifestations at the HIV infected patients.

o The correlation that exists between the clinical pathology and the immune status of the patients.

o The recurrence of these diseases depending on the antiretroviral treatment and the specific treatment of these diseases.

Moreover we aimed at establishing the connections between age, sex, the background the possible time of infection and mucocutaneous manifestations.

For this purpose we conducted a study involving a lot of 532 patients which present mucocutaneous manifestations and who are registered at the Mures Regional Center of Monitorizing and Evaluating the HIV Infection over the period January 2004 – December 2008. The patients were monitorised over the period of these 5 years in the following way: 118 in 2004, 108 patients in 2005, 119 in 2006, 84 patients in the year 2007 and 103 in the year 2008. During these 5 years of study we have analyzed comparatively mucocutaneous manifestations according to the clinical – immunological study. From the total of hospitalized patients we formed a group of 282 with patients with mucocutaneous manifestations when first hospitalized. Other groups studied were one of 63 patients diagnosed with HIV during these years, and a group of 66 patients who died in this period. We have monitorised as well a group of 36 patients in this interval. To each of these patients we have completed the case notes which included personal data, personal and heredocolateral antecedents, case history, the results from laboratory investigations, antiretroviral, antimicrobial, antiviral, antiparasital treatments.
The diagnosis of mucocutaneous diseases has been established on the basis of clinical examination as well as dermatological examination. The patients were investigated clinically, paraclinically (determination of blood tests, hepatitis B and C markers, isolating the fungic agents from the pharyngeal exudates, lingual secretions, coproculture, bronchial aspiration) immunological (determination of the number of T CD4 lymphocytes), virusological (determination of the viral charge). The antifungal, antimicrobial, antiviral therapies were monitorised during the study.

Conclusions
The HIV infection is accompanied by a series of mucocutaneous manifestations which can occur even in at immunocompetent patients.

The incidence of mucocutaneous diseases at persons with HIV positive can reach a percent of over 80, one patient suffering from one or more of these manifestations.

The data collected over the 5 years of research has revealed the fact that the majority of the cases studied were at level AIDS 3, and significant variations related to sex were not noticed.

The fungal and viral mucocutaneous manifestations were mostly prevalent in the groups studied (80,8%) and respectively (41,1%) and a lower percentage of bacterial (39,5%) and parasitary manifestations (9,9%).

It must be mentioned that many of the patients included in the studied lot simultaneously presented cutaneous lesions of a different etiology.

At the immunodepressed patients the manifestations of viral etiology are mainly induced by herpes simplex virus and varicella zoster virus, a fact confirmed by our findings as well: in 54 patients (19,1) facial herpes was present while 24 patients (8,5%) suffered from herpes zoster.

Herpes zoster is a revelatory malignancy for the syndrome of inherited immunodeficiency, thus we plead for the inclusion of serological tests for HIV when such an episode occurs, especially with children.

Kaposi sarcoma was diagnosed in 3 male patients aged between 39 to 43 years old having a number of CD4 lymphocytes under 200 cel/mmc.

Vaginal candidiasis was detected at 11 patients (3, 9%) and the correlation with pregnancy (P = 0,004) was noticed at 4 patients.

Cutaneous lesions among the bacterial infections, were found in a percentage of 9,9% predominantly affecting male subjects. The most prevalent clinical manifestations were strepto staphylodermia and furunculosis. The reduced number of cutaneous lesions could be due to the prophylactic treatment with Biseptol for the prophylaxis of infection with pneumocystis carinii.
Candida albicans continues to be the most frequent species isolated from the pathological products pharyngeal exudates and lingual secretions (25.6%) followed by Candida Glabrata (14.6%), Candida krusei (1.4%) being important from a clinical point of view at patients with HIV infection.

Scabies is the cutaneous malignancy of a parasitary etiology diagnosed in a percentage of 7.8%.

All HIV positive patients must be examined to identify the tegument lesions because early diagnosis and the management of these mucocutaneous manifestations could improve the life quality of these patients.