■ DERMATO-VENEREOLOGICAL QUIZ

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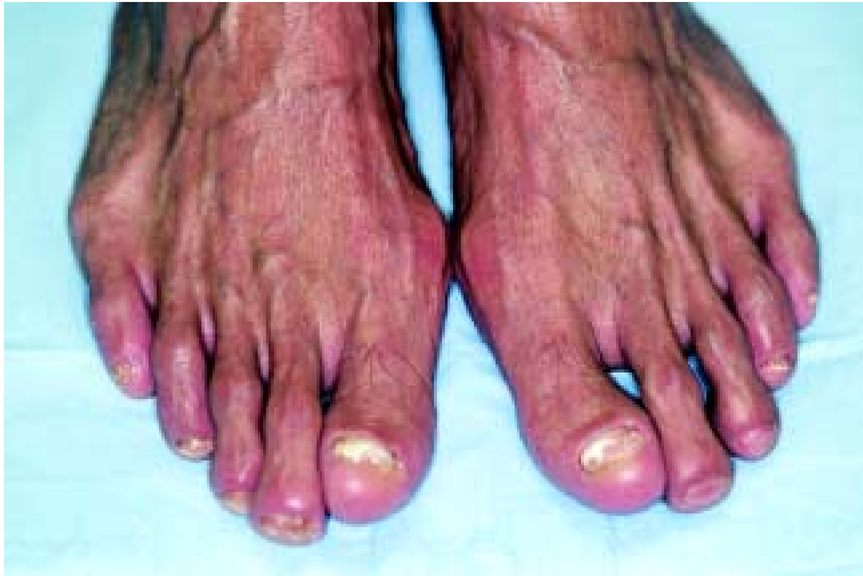

Figure 1

Question 1

A HIV-infected 66-year-old male patient was found to have abnormal toenails.

1. *What is the clinical diagnosis?*
2. *Which is the organism most likely to be isolated from the nail plate?*
3. *Which is the most common form of fungal nail infection found among HIV-infected persons?*

Figure 2

Question 2

A 31-year-old homosexual Chinese man complained of a rapidly enlarging non-painful growth on his left sole. It was present for a few months. His HIV antibody test came back to be positive.

1. *What is your diagnosis?*
2. *What are the histological findings?*
3. *What is the treatment for this condition?*

(answers on page 170)

Answers to Dermato-venereological Quiz on page 191

Answer (Question 1)

1. Proximal subungual onychomycosis (PSO). This is caused by rapid fungal invasion of the stratum corneum of the proximal nail fold and subsequently the nail plate.

2. *Trichophyton rubrum* is the commonest cause. *T. megninii, T. schoenleinii, T. tonsurans and T. mentagrophytes* are also known to cause PSO.

3. Distal and lateral subungual onychomycosis (DLSO). Before the availability of highly active antiretroviral therapy (HAART), PSO was considered to be the most common form of onychomycosis in patients with acquired immunodeficiency syndrome (AIDS). However, recent studies have shown that DLSO accounted for about 90% of all cases of onychomycosis in HIV-infected persons. This could be due to the slowing of HIV disease progression by HAART. The patient in the photograph had already developed AIDS and had a lowest CD4 count of 16/µL.

Answer (Question 2)

1. Epidemic HIV-associated Kaposi's sarcoma (KS). This is almost exclusively found in homosexual and bisexual men and occasionally in the female partners of the latter. KS is an AIDS-defining condition and HIV disease is usually advanced by the time KS develops. However, as in this case, KS can be a presenting symptom of HIV infection. The CD4 count was only 34/µL at the time of presentation.

2. Solid cords and fascicles of spindle cells are arranged between jagged vascular channels which contain trapped erythrocytes. These spindle-celled vascular processes dissect the collagen bundles of the entire dermis. Occasionally, mitotic figures can be seen. A lymphocytic inflammatory infiltration is usually present.

3. Highly active antiretroviral therapy (HAART) should be started for patients who are not already on this. HAART does not only prolong survival but it can also result in complete remission of KS even without KS specific treatment in some cases. KS specific treatments include excision, cryotherapy, laser therapy, radiotherapy, topical and systemic chemotherapy.