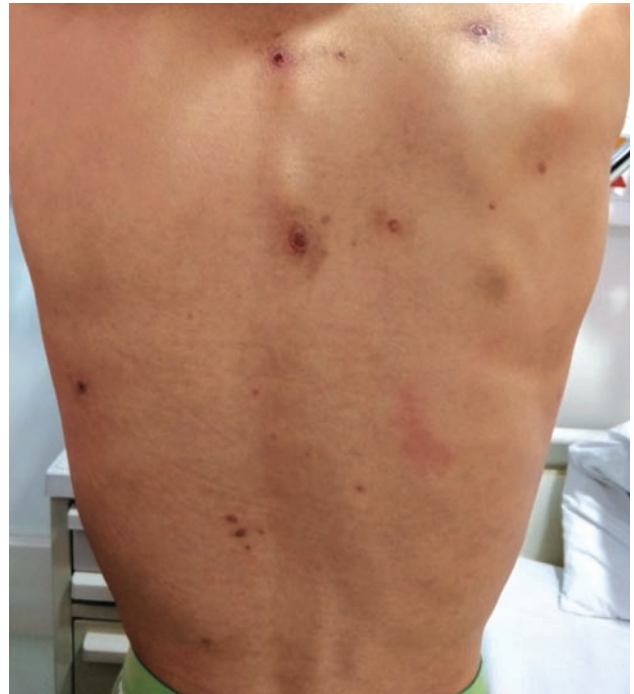


Dermato-venereological Quiz

CMT Cheung 張敏彤 and PCL Choi 蔡祥龍

A 32-year-old Chinese man was admitted with a two-week history of fever and itchy rash. He was diagnosed with Acquired Immunodeficiency Syndrome (AIDS) in 2015 and was put on anti-retroviral therapy since then. His latest CD4 count was 402 cells/ul and his HIV-1 RNA was less than 20 copies/ml. The eruption occurred on the face, neck, trunk and back. There was history of frequent venereal exposure.

Examination revealed scattered an erythematous papulosquamous eruption with necrotic centre over areas described above (Figures 1 & 2). There was no mucosal involvement. An incisional skin biopsy was obtained from the back for histological and microbiological evaluation (Figures 3, 4 & 5).



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Figures 1&2. Eruption over the back and neck.

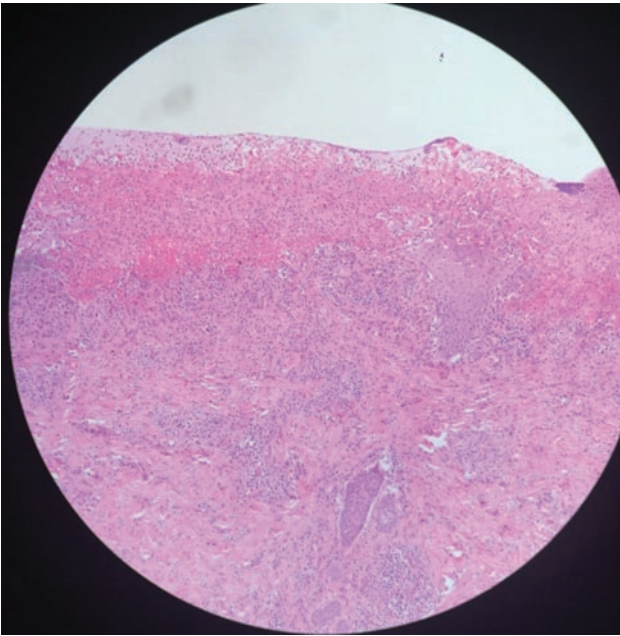


Figure 3. Skin biopsy. Haematoxylin & eosin stain, magnification x40.

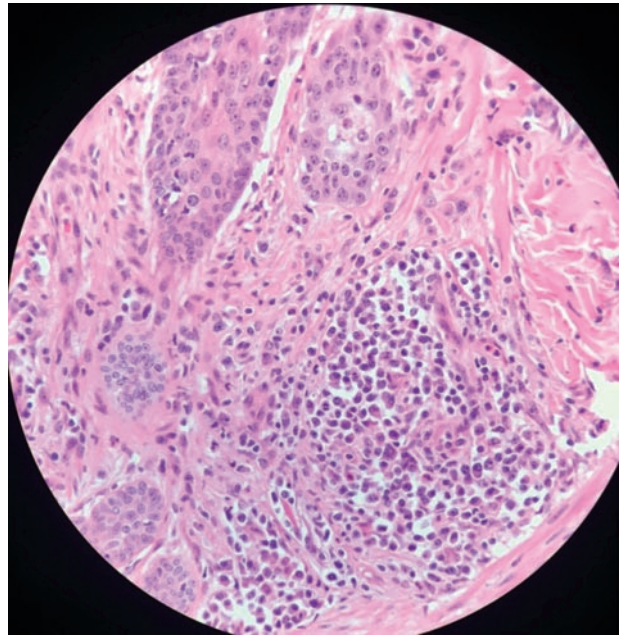


Figure 4. Skin biopsy. Haematoxylin & eosin stain, magnification x200.

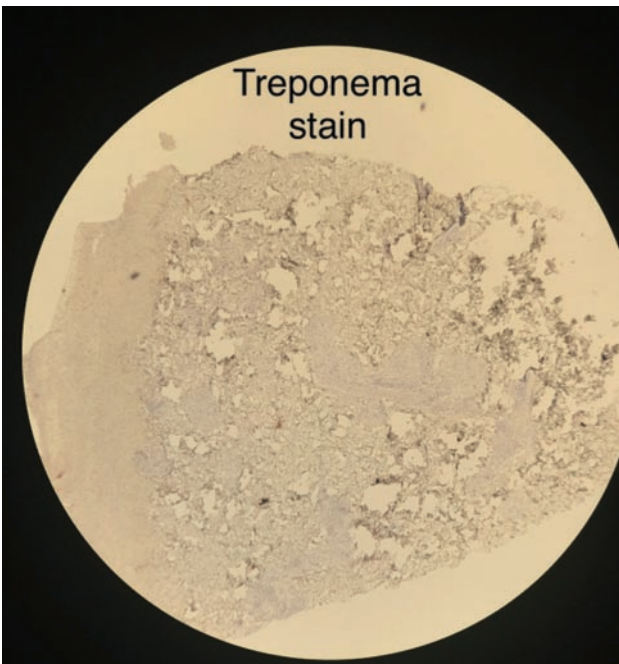


Figure 5. Skin Biopsy. Treponema immunostain.

Questions

1. What are the differential diagnoses?
2. What does the biopsy show?
3. What is the diagnosis?
4. What is the treatment?

(Answers on page 162)