NORTHWEST AIDS EDUCATION AND TRAINING CENTER

Complex STD Cases in HIV Primary Care

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Case #1

- 43 yo MSM with Stage 3 HIV (CD4 230, VL 120) on TDF/FTC/DRV-r x 3 months
- Presented with rash x 3 weeks duration
- Described some as “tumors” on buttocks, scrotum, thighs; some pustular
- Treated by PCP as ring worm, but unimproved
- Denied fever, LAD or other symptoms

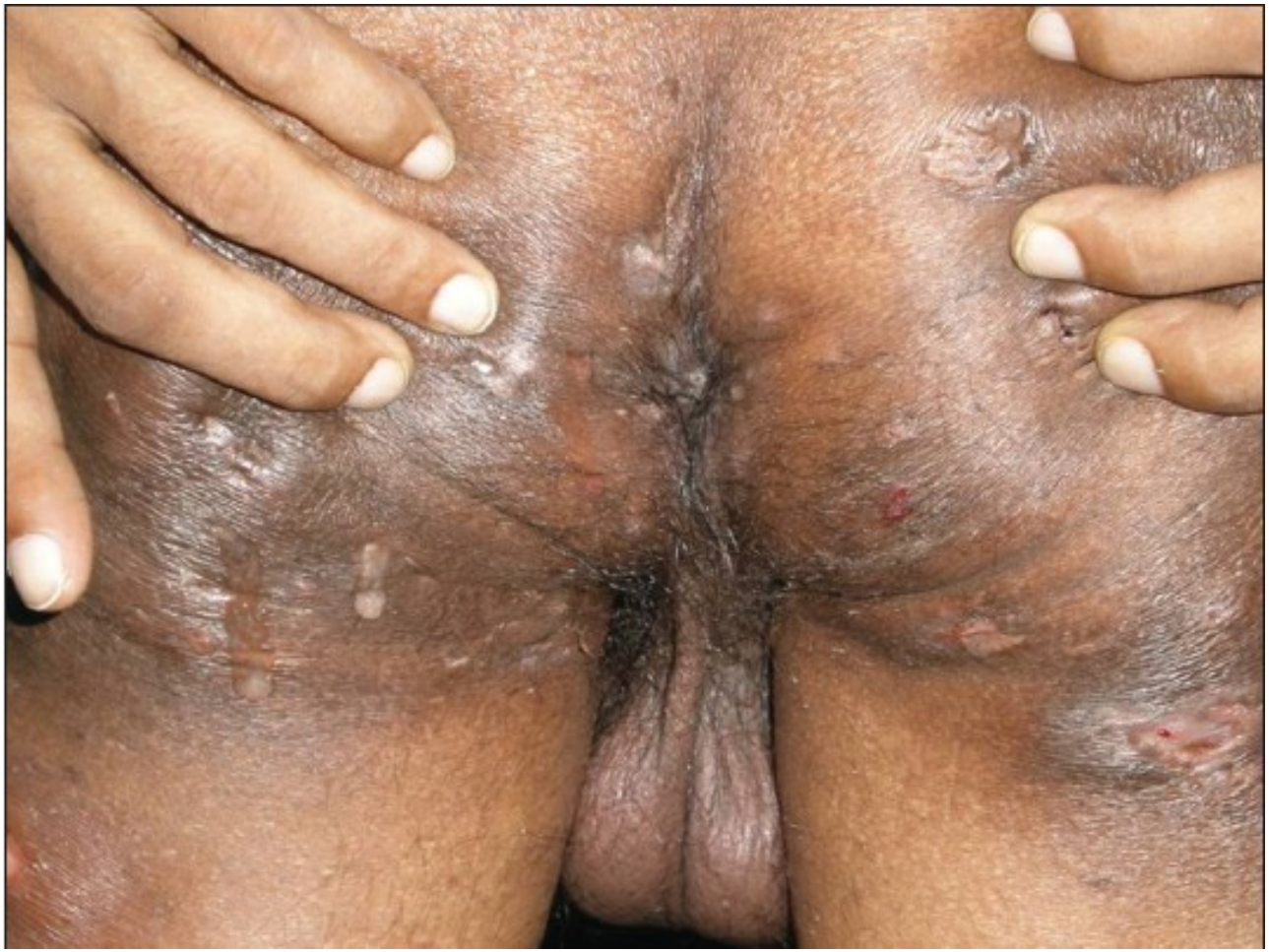
Case #1: PMH & Social History

- H/o genital warts and Neurosyphilis 2011
- 8 male SP in <12 mos; versatile; occ condoms;
- h/o Meth use

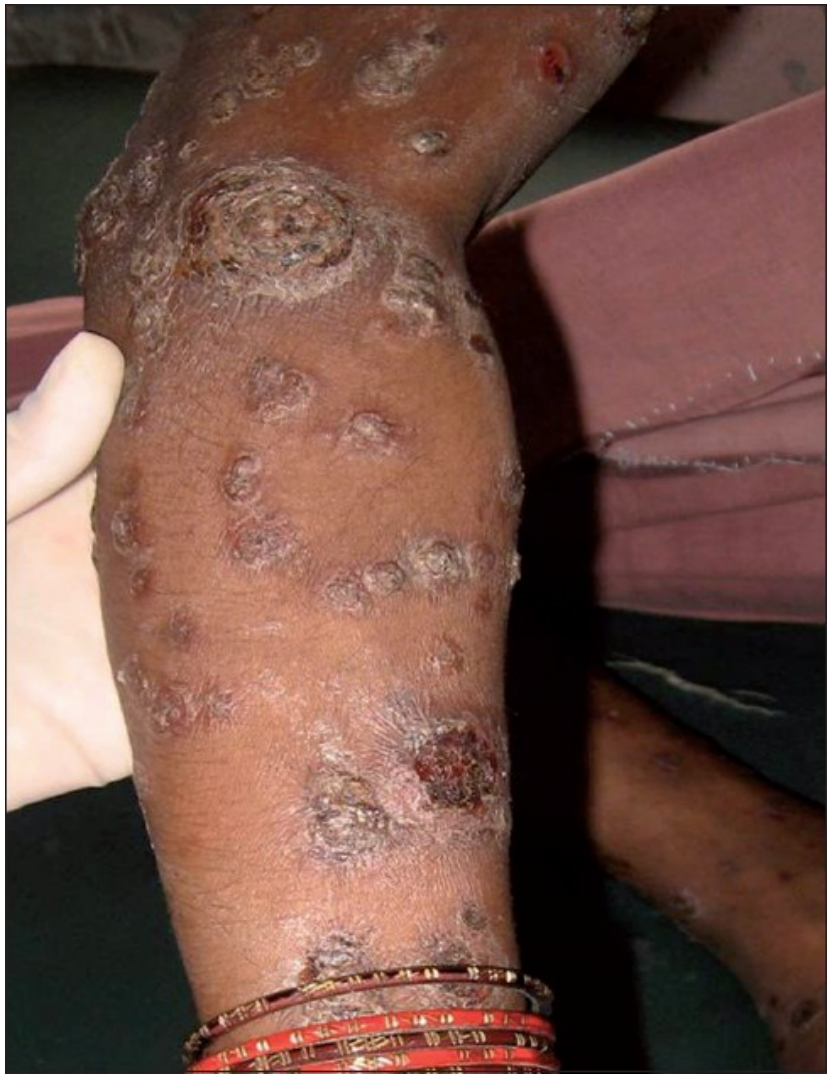
Case #1: Physical Exam

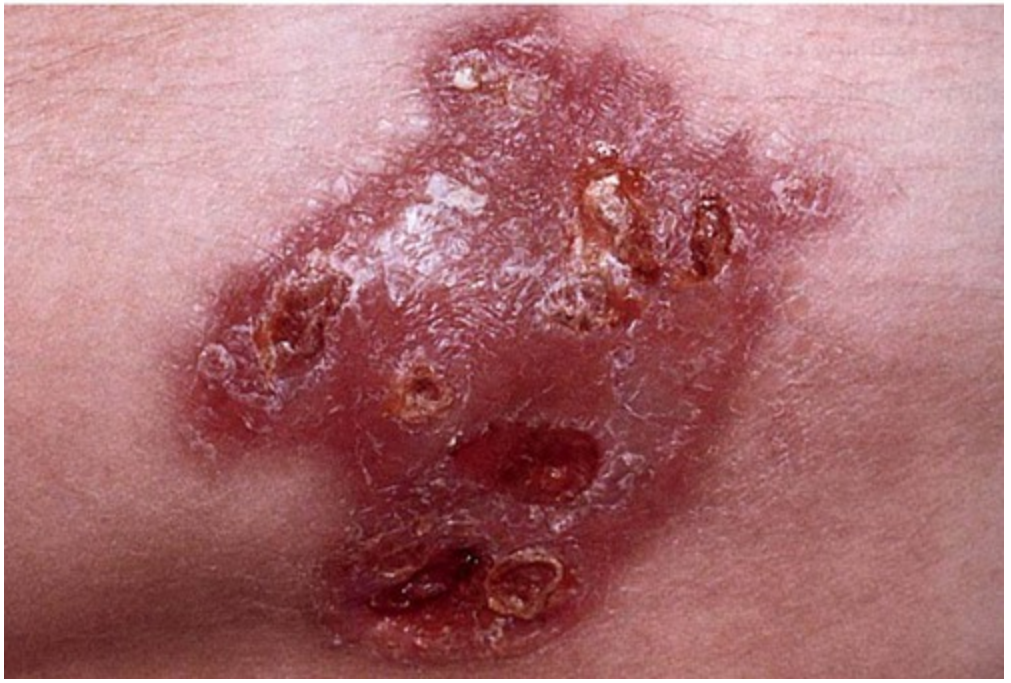
- + inguinal LAD
- Multiple lesions – R hip, L anterior thigh (two), buttock, scrotum
- Some nodular 1-2 cm in size, tender, some scabbing, pus
- L anterior Thigh:
  - 7 x 7 cm erythematous patch with multiple areas of pus draining
  - 6 x 6 cm erythematous based with nodularity, some pus

Case #1: Images



Case #1: Images





What is the diagnosis?

- A) Disseminated fungal infection
- B) MRSA infection
- C) Syphilis
- D) Squamous Cell Carcinoma
- E) Kaposi's sarcoma

Case #1 – 5 days later

- RPR 1:512
- Rash has not improved despite bactrim/keflex
- Comes back to STD clinic to for syphilis treatment
- Neurosyphilis eval + for tinnitus → refuses LP
- Tx'd empirically for neurosyphilis

Lues Maligna

- A nodular variant of secondary syphilis
- Pustules, nodule or ulcers with or w/o mucosal involvement
- Well-demarcated lesion (round or oval)
- May have laminar crusting at edge
- Associated with HIV (60-fold increased risk)

Tucker et al STD 2009
Maldonado Cid et al STD 2014

Case #2

- 32yo M w/ Stage 3 HIV (CD4 98, VL 81,000) on Atripla and bactrim p/w penile ulcer

- Pt states ulcer has been present x 3 days, reminiscent of syphilis
- Initially painless, but became painful when stuck in underwear
- Reports recent h/o insertive and receptive anal sex; denies oral

- Presumed Primary Syphilis
- Tx'd with benazthine PCN 2.4 million units, RPR drawn
- STD screen for GC/CT

Case #2 continued

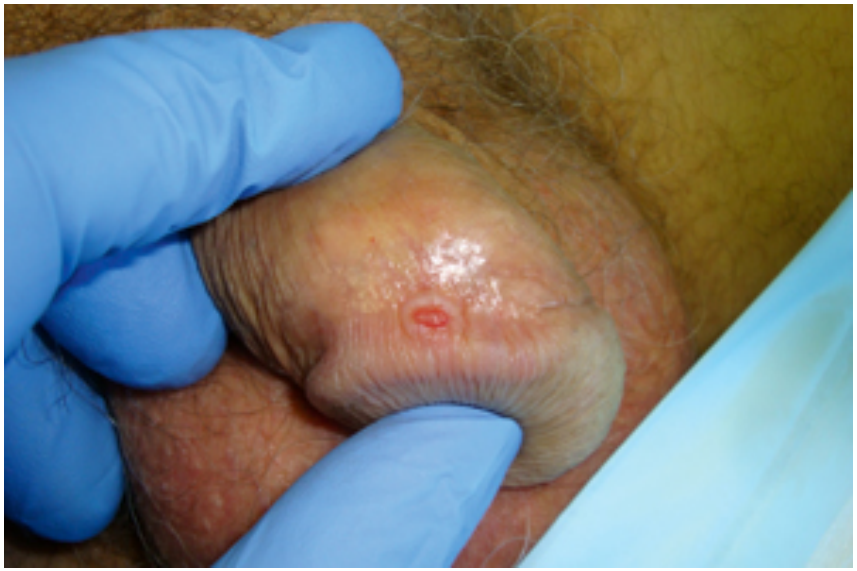
- Rectal CT + → tx'd 1g AZM
- RPR 1:64 (but same as last RPR 6 months prior)
- Via phone: Pt reported interval improvement in ulcer after PCN

- But….

Case #2

- 8 weeks after initial presentation returns to clinic…
- Ulcer no better; not painful, just not improving

- PE:
  - 1 cm clean base superficial ulcer proximal to glans
  - Raise borders with minimal crusting
  - Single LN enlarge in L inguinal region



What is the diagnosis?

- A) Herpes
- B) Syphilis
- C) Squamous Cell Carcinoma
- D) Chancroid
- E) Lymphogranuloma Venereum (LGV)

Persistent Genital Ulcer: Differential Diagnosis?

- <u>INFECTIOUS</u>
- Herpes
- Syphilis
- Chancroid (H. ducreyi)
- LGV
- Donovanosis (granuloma inguinale)

- <u>NON-INFECTIOUS</u>
- Squamous cell carcinoma
- Behcets
- Traumatic
- Fixed Drug eruption
- Psoriasis

Management?

- Testing?
  - HSV PCR
  - Repeat RPR
  - Bacterial culture (including H. ducreyi)
  - Swab ulcer to send for CT NAAT
- Empiric Treatment?
  - Acyclovir
  - Repeat PCN
  - Doxycycline x 21 days
- Referrals?
  - Consider derm for Bx & second opinion

Case #2 Continued

- HSV PCR negative
- Repeat RPR 1:32
- Bacterial culture with MRSA overgrowth
- Referral for Dermatology is pending

- Swab + for Chlamydia
- Can send swab from ulcer to CDC for CT serovar to confirm LGV

Lymphogranuloma Venereum

- LGV causes genital ulcers and proctocolitis
- Caused by serovars L1, L2 and L3 of *Chlamydia trachomatis*
- Usually presents as painless lesion at site of inoculation
- Later develop inguinal lymphadenopathy +/- abscess formation or proctocolitis
- Endemic in Africa, Asia, S. America/Carribbean
- Reports of LGV proctitis in Europe in HIV+ MSM
- Recent case report of persistent genital ulcer in HIV+ MSM in San Francisco
- Treatment: doxycycline 100mg BID x 21 days

Marcotte et al. STD 2014

Summary

- Skin lesions in syphilis can look like anything
- Malignant syphilis associated with HIV regardless of CD4 count
- Persistent genital ulcers, think outside the box:
  - LGV
  - Squamous cell carcinoma
  - Fixed drug eruption
- Treat LGV with doxycycline 100mg bid x 21 days