



NORTHWEST AIDS EDUCATION AND TRAINING CENTER

Cutaneous Manifestations of HIV

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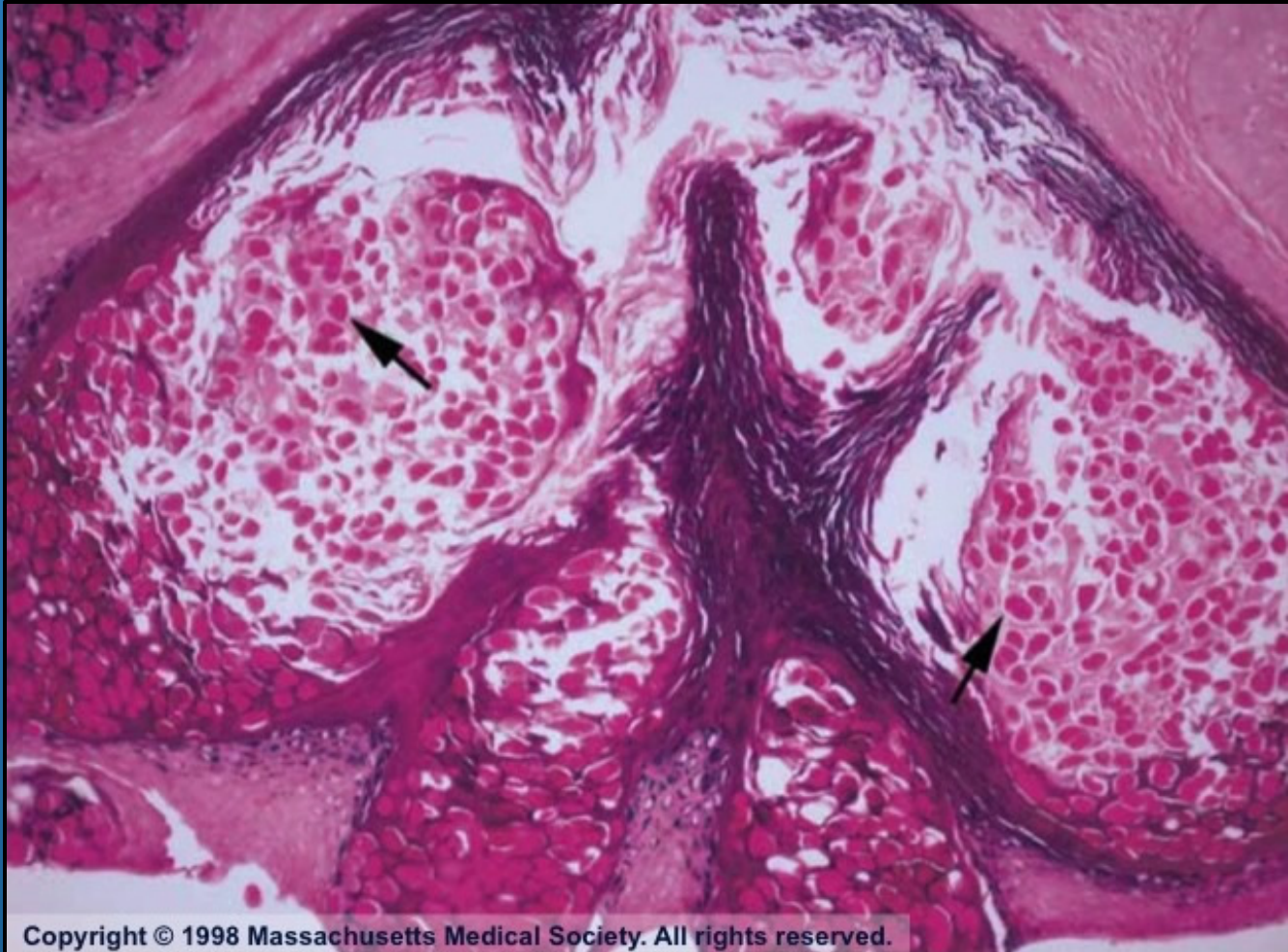
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Case 1

Case: 1



Histologic Findings: Henderson Patterson Bodies



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Source: Cotell SL, Roholt NS. N Engl J Med. 1998;338:888.



Question 1

- **A. What is your diagnosis?**

- **B. What is the primary therapy for this problem?**

Molluscum Contagiosum



Molluscum Contagiosum



Molluscum Contagiosum

- **Cause**
 - Molluscum Contagiosum Virus
- **Significance**
 - Indicates advanced immunodeficiency if extensive
- **Therapy**
 - Antiretroviral therapy ★
 - Local Destructive Measures
 - Topical Therapy

Case 2

Case 2









Question 2

- **A. What is your diagnosis?**

- **B. Is this an AIDS-defining condition?**

Yes / NO

Chronic Ulcerative Herpes Simplex

- **Significance**

- AIDS defining illness if present for ≥ 1 month

- **Therapy**

- Acyclovir (*Zovirax*): 400 mg tid (until healed)

- Valacyclovir (*Valtrex*): 1000 mg bid (until healed)

- Famciclovir (*Famvir*): 500 mg bid (until healed)

Case 3

Case 3





Question 3

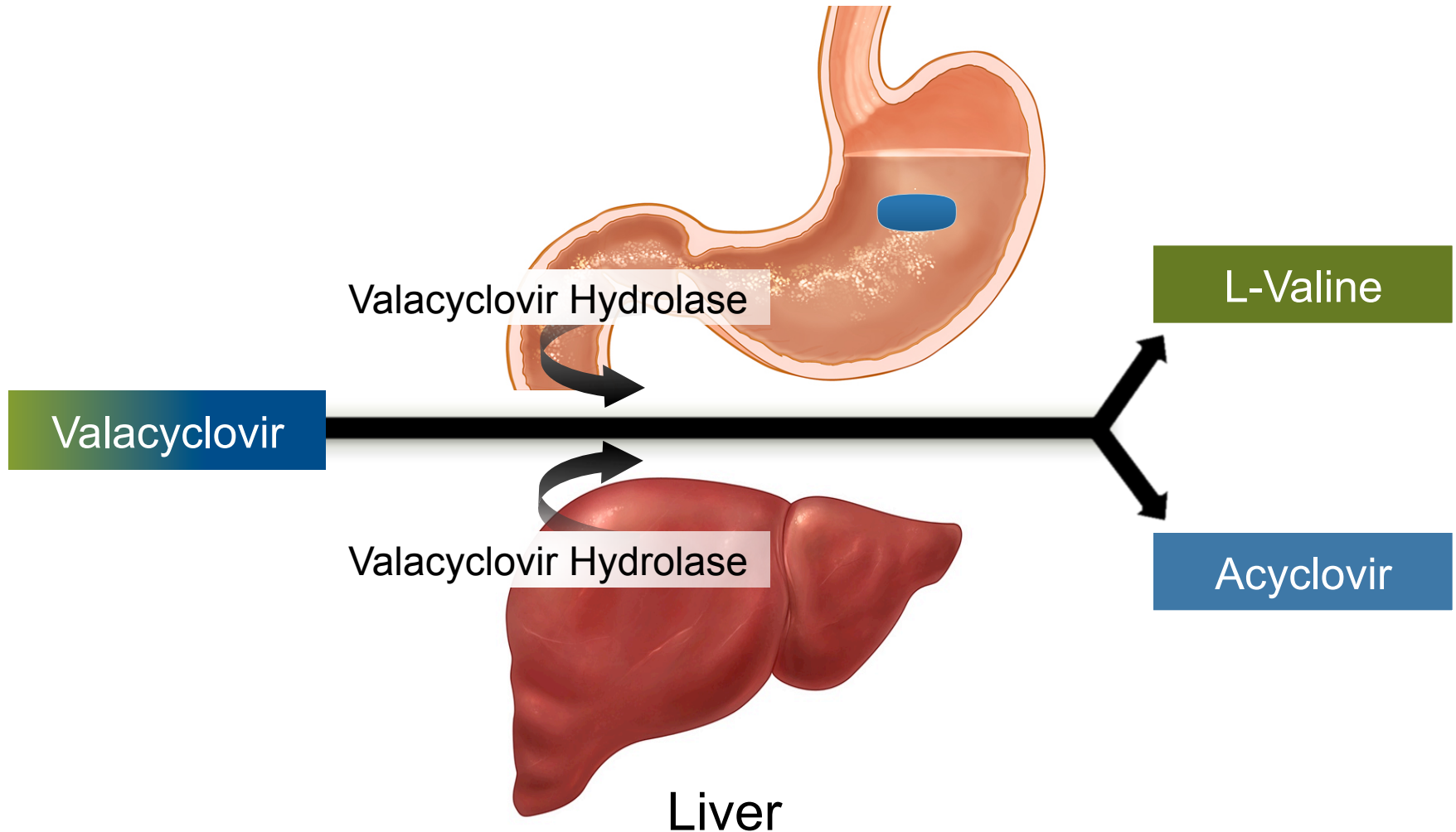
- **What is your treatment of choice?**
 - A. Oral Valacyclovir (*Valtrex*)
 - B. IV Ganciclovir (*Cytovene*)
 - C. Oral Valganciclovir (*Valcyte*)
 - D. IV Foscarnet (*Foscavir*)

2009 CDC/NIH/IDSA Opportunistic Infections Guidelines

Acyclovir-Resistant HSV

- **Therapy**
 - Foscarnet: 80-120 mg/d IV in 2-3 divided doses (continue until clinical response/healing)

Valacyclovir Metabolism



HSV-Infected Cell

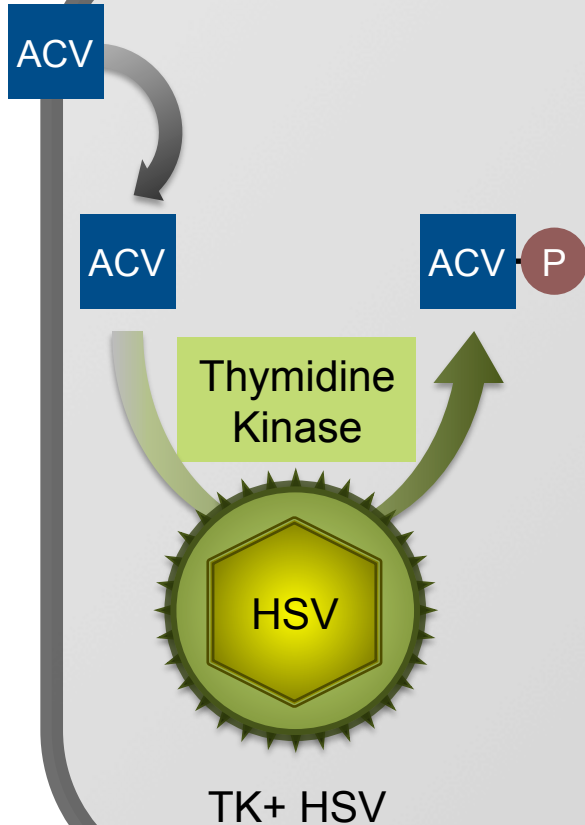
HSV-Infected Cell



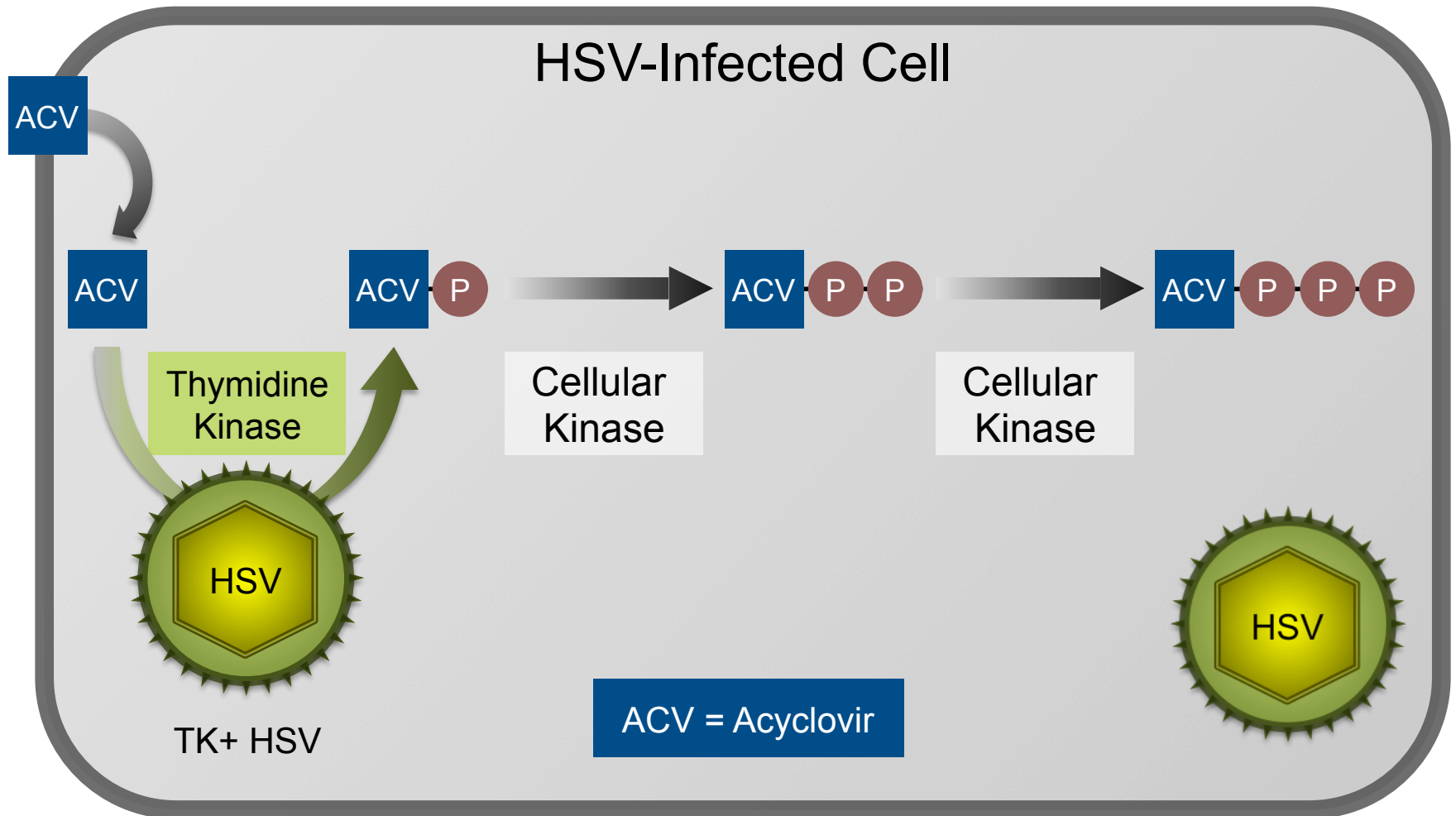
Herpes Simplex Virus

Acyclovir: Mechanism of Action

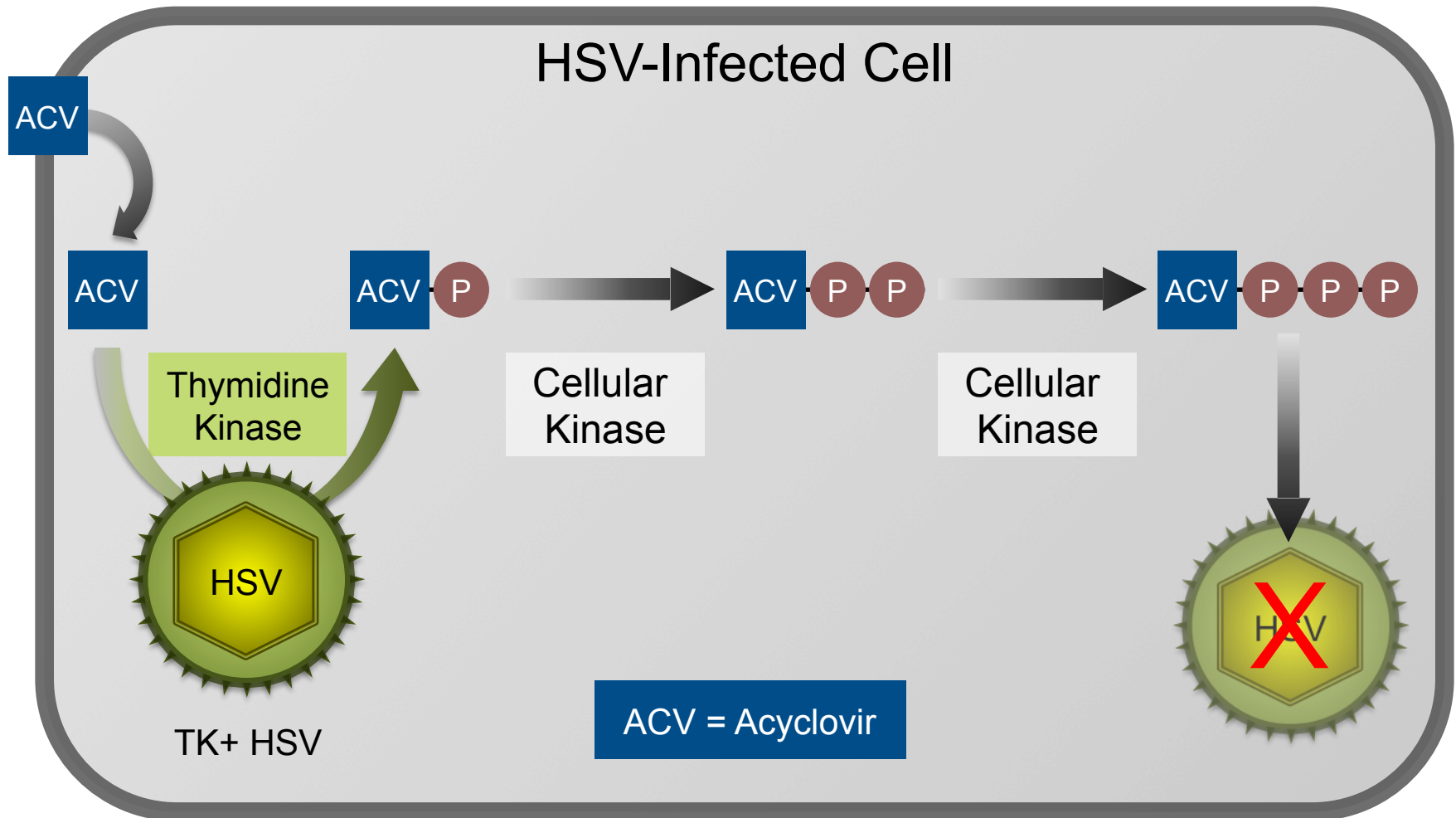
HSV-Infected Cell



Acyclovir: Mechanism of Action

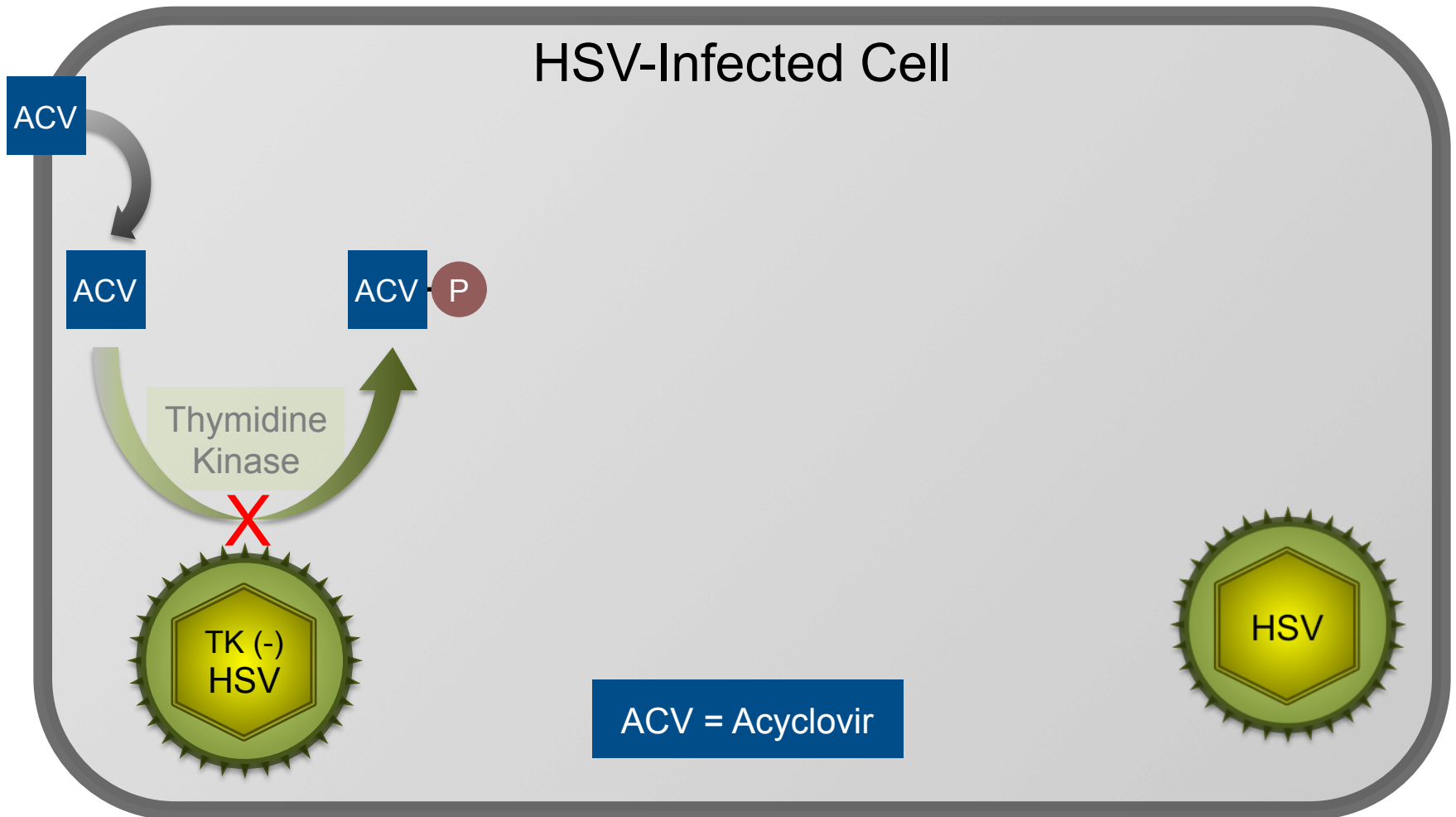


Acyclovir: Mechanism of Action

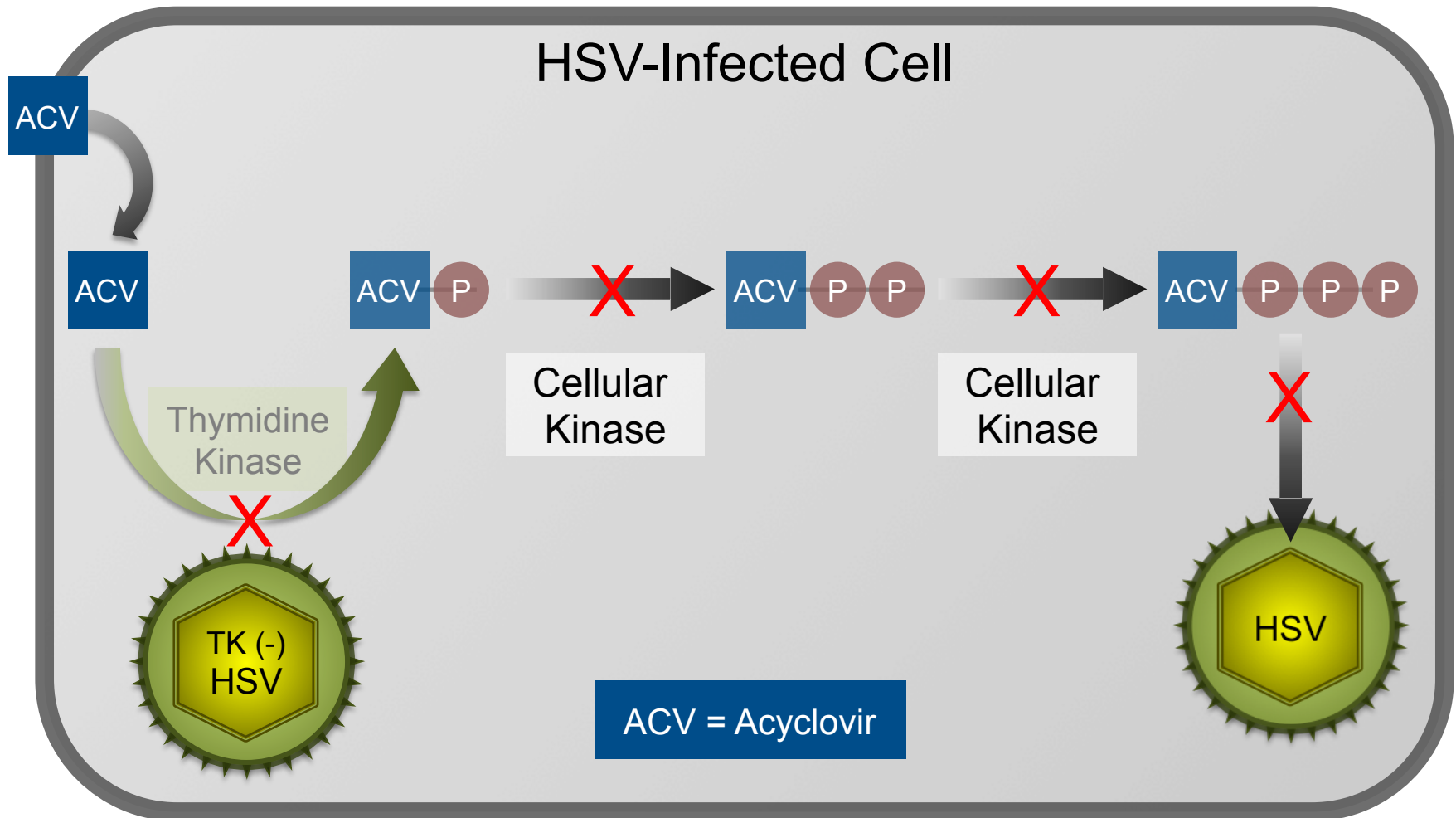


Acyclovir Resistance: Mechanism of Action

HSV-Infected Cell



Acyclovir Resistance: Mechanism of Action



Case 4

Case 4





Question 4

- The patient did not seek medical care until 5 days after the onset of the rash/lesions?
- **Would you still treat at this point?**
 - A. Yes
 - B. No

2009 CDC/NIH/IDSA Opportunistic Infections Guidelines Treatment of Herpes Zoster in HIV-Infected Patients

- “Prompt antiviral therapy should be instituted in all immunosuppressed herpes zoster patients within 1 week of rash onset or any time before full crusting.”

2009 CDC/NIH/IDSA Opportunistic Infections Guidelines

Herpes Zoster: Therapy

- **Therapy (oral)**
 - Acyclovir (*Zovirax*): 800 mg 5x/day x 5-7days
 - Valacyclovir (*Valtrex*): 1000 mg tid x 5-7days
 - Famciclovir (*Famvir*): 500 mg tid x 5-7days

Herpes Zoster (Shingles)



Herpes Zoster (Disseminated)



Case 5

Case 5







Question 5

- **A. What is your diagnosis?**

- **B. What is the name of the virus that cause this disorder?**

Kaposi's Sarcoma



Kaposi's Sarcoma

- **Cause**
 - Human herpes virus type 8 (HHV-8)
- **Significance**
 - AIDS defining illness
 - May have more serious systemic disease
- **Therapy**
 - Antiretroviral therapy
 - Valacyclovir
 - Famciclovir

Questions