

Extensive molluscum contagiosum causing obstruction of vision in HIV positive woman

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ABSTRACT

We report a case of a person living with HIV-AIDS who presented with extensive molluscum contagiosum (MC) in the periorbital location. MC lesions aggregated as large masses over the right upper and lower eyelids, obstructing vision of the right eye.

Key words: HIV, molluscum contagiosum, periorbital

INTRODUCTION

Molluscum contagiosum (MC) infection is common in HIV; isolated periorbital MC obstructing vision is however rare, and only a few cases have been reported so far.

CASE REPORT

A 45 year old married woman, a vegetable vendor, was referred to the skin outpatient department by the ophthalmologist for multiple skin-coloured lesions over her eyelids of six months duration. Lesions gradually increased in size and number, ultimately obstructing vision in her right eye. She was asymptomatic except for her eye lesions. There was no history of cough, fever, diarrhea, weight loss, or any systemic complaints. On examination, she had multiple asymptomatic papulonodular lesions over the lids of both her eyes ranging from 5 mm to more than 1 cm, with dystichiasis [Figure 1]. Both eyelids on the right side were matted together with whitish to skin-colored masses that had a purulent discharge [Figure 2]. She had bilateral nontender inguinal lymphadenopathy. The patient did not have similar lesions anywhere else over the body. Oral and genital mucosae were normal, and systemic examination did not reveal any abnormality. A provisional diagnosis of MC was made and a 3 mm punch biopsy from one of the papules was

drawn. Histopathology revealed multiple intracytoplasmic inclusion bodies in the lower epidermis, consistent with MC. The patient was screened for HIV and tested positive for HIV I and II. VDRL and HBsAg were nonreactive. Her CD4 count was 44 cells/mm³. A final diagnosis of MC with AIDS was made. The patient was started on highly active antiretroviral therapy (HAART) comprising zidovudine, lamivudine, and nevirapine. For her eye lesions, solitary papules of MC were extracted with a molluscum extractor. For the right eye, the patient was given cryotherapy with liquid nitrogen, and trichloroacetic acid was applied over selected lesions [Figure 3]. After three months of HAART and cytoreductive treatment for molluscum, there was no significant improvement in her skin lesions. Her CD4 count was 49 cells/mm³ after three months of HAART. Shortly thereafter, she developed HIV-related herpes zoster and pulmonary tuberculosis and succumbed to her illness.

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Figure 1: Multiple molluscum contagiosum lesions involving the eyelids



Figure 2: Multiple molluscum contagiosum lesions forming a mass over the right eyelid



Figure 3: After application trichloroacetic acid to the MC lesions

DISCUSSION

The appearance of extragenital MC in adults with HIV is common but extensive MC causing obstruction of vision is rare. Differential diagnoses of MC in HIV-positive patients include cryptococcosis, penicillinoses, histoplasmosis, and pneumocystosis.^[1] Other conditions that may mimic MC include pyogenic granuloma, basal cell carcinoma, keratoacanthoma, and atypical mycobacterial infections. Atypical molluscum lesions may resemble comedones, abscesses, furuncles, condylomas, syringomas, keratoacanthomas, basal cell carcinomas, ecthyma, sebaceous nevus of Jadassohn, and cutaneous horn etc.^[1]

Our case highlights the unusual presentation of a common infection such as MC in HIV positive individuals. Extensive MC of the eyelid has been reported in patients with AIDS.^[2-4]

Although several treatments such as curettage, electrodesiccation, cryotherapy, laser surgery, and cytotoxic methods are available, the best treatment for MC in HIV-positive patients is treatment of HIV with antiretroviral medications.^[5] Our patient was nonresponder to HAART; low initial CD4 count could have been the reason for the failure of HAART in our case.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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