

TITLE: MULTIFOCAL INFECTION OF PATIENTS WITH HIV-ACQUIRED IMMUNODEFICIENCY VIRUS: CASE REPORT

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ABSTRACT:

HIV / AIDS carriers are susceptible to immunological depletion phenomena and often exhibit dermatological problems. Infections caused by molluscum contagiosum, common in childhood, commonly cause nodular lesions. However, in immunocompromised individuals, may take the form of extensive plate-shaped lesions. In parallel, tinea is a superficial mycosis of rare occurrence in adults, and few cases have been described in patients suffering from AIDS. Skin lesions may be accompanied by an intense acute or chronic inflammatory reaction, with the formation of alopecia plaques. Based on this assumption, our goal was to report a case of a co-infection in an HIV-positive patient by molluscum contagiosum and tinea. The present report describes a 32 - year - old man patient with HIV and diagnosed with spondylitis since the year 2014. Multifocal lesions of various aspects (ulcerated lesions, vegetative, scaly lesions and dermatitis on the scalp) were present at the clinical examination. For the laboratory diagnosis, tissue fragments were collected for laboratory study, one sample being submitted to the histological examination and the other to the Laboratory of Medical Mycology of the Federal University of Pernambuco. One of the diagnostic hypotheses was contagious molluscum which was confirmed by histopathological examination. As a second diagnostic hypothesis of tinea corporis, the mycological laboratorial examination were performed. Initially, the tissue was inoculated into Petri dishes containing Sabouraud Dextrose Agar and incubated at 28°C and 37°C. Concomitantly, tissue pieces were treated with 20% potassium hydroxide to direct examination.. Microscopically, several hyaline septate hyphae were observed. After seven days, were growth white (Plate Variance) cottonous cultures and and brown (Plate Reverse). The fungus showed the typical features (micromorphology and physiological tests) of *Trichophyton rubrum*. Molluscum contagiosum infection were confirmed and treated with antiretroviral therapy with partial improvement of the symptoms. Concomitantly, the patient were treated with itraconazole and ketoconazole shampoo , showing clinical improvement of the signs. The diagnostic data obtained exemplify the importance of the identification of the etiological agents for the epidemiological knowledge and the better therapeutic conduct of the patient.

Keywords: Molluscum contagiosum, immunocompromised, dermatitis, Mycological diagnosis.

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