



# Molluscum Contagiosum as Initial Presentation of Acquired Immunodeficiency Syndrome

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## Clinical Image

A 52-year-old male presented with multiple pruritic skin lesions over the face and upper extremities for three months. There were multiple shiny, non-tender, papulo-nodular lesions with central umbilication measuring around 10 mm over the face and bilateral upper extremities (Figure 1). Oral exam revealed the presence of oral thrush but no other lesions. Clinical diagnosis of Molluscum Contagiosum (MC) was made. Histopathological examination results are shown in Figure 2. Patient was diagnosed with AIDS with viral load of 8.8 million copies/mL and CD<sub>4</sub> count of 18 cells/μL. Antiretroviral therapy resulted in almost complete resolution of the skin lesions in 8 months. MC is atypical, severe (multiple lesions up to ≥ 100) and prolonged when associated with HIV infection. Upper trunk and the face are more frequently involved sites. MC is present in 10% to 20% of patients with HIV infection. Any skin lesions consistent with MC should be immediately investigated for HIV.

### OPEN ACCESS

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Figure 1: Face and bilateral upper extremities.

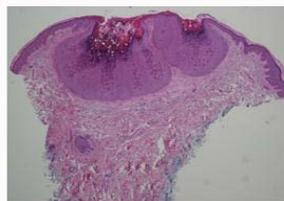


Figure 2a

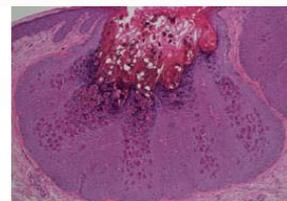


Figure 2b

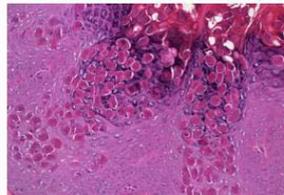


Figure 2c

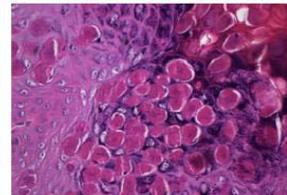


Figure 2d

Figure 2a: Scanning view showing the characteristic central umbilication and epidermal hyperplasia. There is no associated dermal infiltrate. (Hematoxylin-eosin, original magnification x4).

Figure 2b: Higher magnification view highlighting the central umbilication and epidermal hyperplasia. The keratinocytes of the spinous spinosum and granulosum contain a large, eosinophilic intracytoplasmic inclusion (Henderson-Patterson molluscum body). (Hematoxylin-eosin, original magnification x10).

Figure 2c and 2d: The intracytoplasmic inclusion has a granular quality and compresses the nucleus against the cell membrane. [Hematoxylin-eosin, original magnification x20 (Figure 2c) and x40 (Figure 2d)].