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DISSEMINATED MOLLUSCUM CONTAGIOSUM IN A HIV POSITIVE CHILD - A CASE REPORT

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ABSTRACT
Molluscum contagiosum is caused by MCV (molluscum contagiosum virus) which is a double stranded DNA virus from poxviridae family. Incidence of 10 % to 30% has been noted in symptomatic Human immunodeficiency Virus (HIV) patients. Atypical lesions with more protracted course have been associated commonly with HIV positive patients. We report a case of Molluscum contagiosum in a 10 year old HIV positive child.

INTRODUCTION

Molluscum contagiosum is one of the cutaneous manifestations common in retropositive patients with low CD4 count. The lesions are widespread, larger in size and numerous in numbers involving genital and extra genital areas, mainly the face [1,2]. Response to treatment is poor and resistance to treatment is very common.

CASE REPORT:

A 10 year old girl was brought to our skin OPD by her guardian with multiple raised lesions over the face for past 8 months. Initial lesions appearing over the forehead, later progressed to involve the whole face. No history of similar lesions anywhere else in the body. History obtained from the guardian revealed no history of fever, trauma, itching and pain. Child was apparently diagnosed to have HIV one and half years back and has been on anti-retroviral therapy irregularly since then. Dermatological examination revealed multiple, dome shaped, grouped, umblicated papules, varying in size from 1 to 5mm, present over the entire face [Fig-1&2]. No palpable lymph nodes. Scalp, oral mucosa, nails, palms and soles were normal. Systemic examination done revealed to be normal. Investigations done showed Hb – 8.5gm/dl, TC – 5000cells/mm^3 and CD4 count- 185 x 10^6/l. VDRL and HbsAg were negative.

Figure 1. Clinical picture showing multiple, grouped, dome shaped, umblicated papules about 1-5mm in size, seen all over the face.

DISSCUSION:

Molluscum contagiosum (MC) is caused by MCV (Molluscum contagiosum Virus). It is a double stranded DNA virus which belongs to the Genus- Molluscipox and Family- Poxviridae. MC virus has four types of which MCV-2 is common in HIV affected individual. It is seen most commonly in children with peak incidence between 2 to 5 years of age [3]. It is transmitted by both sexual and non sexual patterns in HIV positive individual. In immunocompetent individuals MC presents as shiny, hemispherical, pearly white, umblicated papules which may show a central pore of about 1mm in size, it can reach upto 5-10mm [3]. The lesions commonly occur over the genitalia, lower abdomen and inner thighs. Molluscum contagiosum is a clinical sign of marked HIV progression and very low CD4 cell count [2]. In HIV positive individuals it presents as large papules which can reach up to 2.5cm, numerous (may occur even in hundreds), widespread involving face and other extra genital sites (neck and axilla) [4]. Giant molluscum or agminate form consist of plaques with numerous small lesions is common in HIV positive patients. HIV positive patients presents with atypical molluscum contagiosum in which lesions may resemble comedones, furuncles, abscesses, syringomas, condylomata, basal cell carcinomas, ecthyma, keratoacanthoma, cutaneous horn and nevus sebaceous[2].

Diseases that have to be ruled out are verrucae, amelanotic melanoma, appendageal tumors, basal cell carcinoma, cryptococcosis, histoplasmosis, penicilliosis, juvenile xanthogranuloma, Spitz nevi, pyogenic granuloma, papular granuloma annulare and epidermal inclusion cyst [5].

In healthy individual, diagnosis is made by clinical appearance. The clinical diagnosis can be confirmed by light microscopy or electron microscopy of the content of the papules, by histopathology. Because of the atypical nature of Molluscum contagiosum in retropositive patients, diagnosis is largely dependent on biopsy.

Histopathological examination shows acanthotic epidermis. Epidermal cell contain large, intracytoplasmic inclusion bodies called Henderson-Paterson bodies (molluscum bodies). The molluscum bodies are eosinophilic and smaller in size eosinophilic at basal layer and as they move up they increase in size and become basophilic. Dermis usually shows no or little inflammatory infiltrates [6].

Treatment in HIV positive patient is difficult unlike in healthy hosts; there is no evidence of spontaneous resolution [2]. Treatment modalities that have shown significance so far include cryotherapy, curettage, carbon dioxide or pulsed dye laser, oral cidofovir, 5% imiquimod cream[7], interferon, cimetidine, topical cantharidin, topical salicylic acid, topical tretinoin, adapalene, nitric oxide cream and potassium hydroxide solution [3].

CONCLUSION

Molluscum contagiosum is a severely disfiguring cutaneous manifestation of HIV positive individual with low CD4 count. Numerous and atypical lesions on a patient who is not diagnosed with HIV disease yet should prompt discussion of an HIV test. Improving the normal immunological status remains the mainstay of treatment along with other treatment modalities.

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CONFLICT OF INTEREST:

The authors declare that they have no conflict of interest.

STATEMENT OF HUMAN AND ANIMAL RIGHTS

All procedures performed in human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with animals performed by any of the authors.

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