

Original Research Article

Mucocutaneous manifestations among persons receiving highly active anti-retroviral therapy

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Received: 20 November 2016

Revised: 23 December 2016

Accepted: 26 December 2016

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ABSTRACT

Background: Mucocutaneous manifestations in patients positive for HIV are helpful in the diagnosis as well as treatment of the disease. Consequent to the introduction of Highly Active Anti-Retroviral Therapy (HAART), there seems to be an increase in the presentation of non-infective diseases. It was aimed to analyse the mucocutaneous manifestations in HIV infected patients taking HAART and correlate with age and CD4 lymphocyte count.

Methods: A retrospective analysis of 125 People Living With HIV (PLWH) having mucocutaneous manifestations receiving HAART who attended a tertiary care city hospital over a period of ten months from January 2016 to October 2016 was carried out. The findings were correlated with CD4 count and age. The data were collected from the patient follow up cards maintained by qualified Dermatovenereologist.

Results: There was no major gender difference in our study. The trans genders presented with only non-infectious skin diseases. Younger patients had a higher CD4 count ($p=0.01\%$) which was statistically significant. Candidiasis and pruritic papular eruption were the commonest infective and non-infective diseases observed respectively. The mean CD4 count comparison was statistically significant ($p=0.04$). The count was highest for insect bite allergy and lowest for oral hairy leukoplakia. The mean age of disease manifestation was highest for Herpes zoster and lowest for aphthous ulcers 45 and 29 years respectively. All the adverse reactions observed were to efavirenz.

Conclusions: With the improvement of CD4 count in PLWH receiving HAART, the proportion of non-infectious inflammatory disease manifestations are on the rise. Awareness about this fact is very important for effective management.

Keywords: Mucocutaneous manifestations, Opportunistic infection, HIV, HAART, CD4 count

INTRODUCTION

It was in 1986 the first documented evidence of HIV infection in India made.¹ Since then various citations about the mucocutaneous manifestations of HIV infected persons were recognized. After the introduction of Highly Active Anti-Retroviral Therapy (HAART) the medical and paramedical fields have started witnessing a change in the clinical presentation of PLWH receiving HAART.

If not all, in more than 90% of patients with HIV, mucocutaneous manifestation is observed.^{1,2} Thus making a thorough dermatological examination is mandatory in all suspected cases of HIV infection as these findings can serve as a guide to the diagnosis and assess the severity.^{3,4} Such observation may perhaps help initiation of therapy where facility for CD4 count is not available. CDC classification system for HIV infected adults and adolescents has divided those who are positive

for HIV into three major categories 1, 2 and 3 based on the CD4 count having <200 cells/ μ L; 200-499 cells/ μ L and >500 cells/ μ L respectively.⁶ It is well known that certain disease manifestations are more commonly seen in a particular category and some are seen in all categories. While candidiasis is seen in all stages of HIV infection, Kapsoi's sarcoma is mainly seen if the CD4 count is very low i.e. <200. We aimed to analyse the different mucocutaneous manifestations and correlate with age and CD4 count in PLWH receiving HAART.

METHODS

We undertook a cross sectional retrospective study to analyse the different mucocutaneous manifestations in PLWH receiving HAART who attended a tertiary care city hospital over a period of ten months from January 2016 to October 2016 were included for the study. Those with diabetes were excluded from the study. All patients were seen by a qualified Dermatovenereologist and diagnosis was confirmed with lab tests wherever necessary. The National AIDS Control (NACO)

guidelines were followed for documenting the findings on the patient follow up card. Required data like age, sex, CD4 count and the clinical and final diagnosis were collected retrospectively from the patient performance card maintained in the department.

Statistical analysis: All the data were entered in the required fields in the excel sheet. Statistical analysis was done using Chi square test and One-way ANOVA F-test. The resultant data were analysed with reference to correlation between the clinical findings, age and CD4 count. Our observations were compared with previous literature.

RESULTS

Out of the 125 patients studied, 63 were males. The youngest patient was 12 and the oldest was 76 years old respectively. The age and sex distribution is given in Table 1 and 2. While there has been no significant difference in the sex distribution, both the trans-genders recorded in our study had non- infective diseases.

Table 1: Age wise CD4 count seen in 125 PLWH on HAART having mucocutaneous manifestations.

Age	CD4						Total	Chi square test		
	< 200		200 -499		>500					
	n	%	n	%	n	%				
< 30 years	7	25.9%	11	40.7%	9	33.3%	27			
31 -40 years	17	30.4%	14	25.0%	25	44.6%	46	$\chi^2=16.35$ P=0.01 significant		
41 -50 years	17	58.6%	8	27.6%	4	13.8%	29			
> 50 years	6	46.2%	6	46.2%	1	7.7%	13			
	47		39		39		125			

Table 2: Sex wise disease pattern seen in 125 PLWH on HAART.

Disease	Sex				Transgender	
	Male		Female			
	n	%	n	%	n	%
Aphthus	1	50.0%	1	50.0%		
Candidiasis	32	52.5%	29	47.5%		
Herpes Zoster	1	100.0%				
Oral Hairy Leukoplakia	1	50.0%	1	50.0%		
Dermatophytosis	2	40.0%	3	60.0%		
Eczema			1	100.0%		
Folliculitis	2	50.0%	2	50.0%		
Herpes Simplex			1	100.0%		
Insect bite reaction			1	100.0%		
Impetigo			1	100.0%		
Itching	1	50.0%	1	50.0%		
Pruritic papular eruption	12	57.1%	8	38.1%	1	4.8%
Drug reaction	7	41.2%	9	52.9%	1	5.9%
Pityriasis versicolor	4	66.7%	2	33.3%		

Table 3: Mucocutaneous manifestations seen in different categories of CD4 count in 125 PLWH on HAART.

Muco-Cutaneous Manifestations	CD4						
	Category I		Category II		Category III		
	< 200	200 -499	>500	n	%	n	%
Aphthus		1	50.0%	1	50.0%		
Candidiasis	32	52.5%	13	21.3%	16	26.2%	
Herpes Zoster	1	100.0%					
Oral Hairy Leukoplakia	2	100.0%					
Dermatophytosis				5	100.0%		
Eczema				1	100.0%		
Folliculitis		2	50.0%	2	50.0%		
Herpes Simplex		1	100.0%				
Insect bite reaction				1	100.0%		
Impetigo		1	100.0%				
Pruritus		1	50.0%	1	50.0%		
Pruritic papular eruption	6	28.6%	9	42.9%	6	28.6%	
Drug reaction	4	23.5%	10	58.8%	3	17.6%	
Pityriasis versicolor	2	33.3%	1	16.7%	3	50.0%	

Table 4: Mucocutaneous manifestations seen in 125 PLWH on HAART- agewise.

MCM	N	Mean age	Std. Deviation	One way ANOVA F-test
Aphthus	2	29.00	9.899	
Candidiasis	61	39.59	10.503	
Herpes Zoster	1	45.00	.	
Oral Hairy Leukoplakia	2	38.50	3.536	
Dermatophytosis	5	30.00	10.677	
Eczema	1	37.00	.	
Folliculitis	4	31.50	4.041	F=1.11 P=0.35
Herpes Simplex	1	39.00	.	significant
Insect bite reaction	1	38.00	.	
Impetigo	1	34.00	.	
Pruritus	2	33.50	2.121	
Pruritic papular eruption	21	35.14	7.059	
Drug reaction	17	41.35	11.079	
Pityriasis versicolor	6	34.33	5.391	

We recorded 14 different MCM, which included both infective and non-infective. Candidiasis, Dermatophytosis, Pityriasis versicolor, Herpes zoster, Herpes simplex, Impetigo and folliculitis were the infective diseases and eczema, insect bite reaction, pruritus, pruritic papular eruption, adverse drug reaction and oral hairy leukoplakia were the non-infective disease. We have also observed aphthous ulcers in 2 of the 125.

CD4 count and mean age for the mucocutaneous manifestations observed in 125 PLWH on HAART having mucocutaneous manifestations are given in Figure 1.

Of the infective disease, Candidiasis and pityriasis versicolor and of the non-infective diseases, Pruritic papular eruption and adverse drug reaction were observed

in all three categories. The details of diseases in different categories are given in Table 3.

The age wise distribution of mucocutaneous manifestations observed in our study is given in Table 4. Our study had one 12 year old male child and three adolescents.

Out of the 125 cases studied, 47 were in category I and 39 each in categories II and III. Comparison of mean CD4 count score for various are given in Table 5 and were found to be statistically significant.

Table 5: Comparison of Mean CD4 count of manifestations seen in 125 PLWH on HAART.

Mucocutaneous Manifestations	N	Mean	Std. Deviation	Oneway ANOVA F-test
Aphthus	2	449.00	236.174	
Candidiasis	61	306.38	283.113	
Herpes Zoster	1	175.00	.	
Oral Hairy Leukoplakia	2	101.00	97.581	
Dermatophytosis	5	709.80	130.552	
Eczema	1	508.00	.	F=1.89 P=0.04
Folliculitis	4	621.50	188.878	SIGNIFICANT
Herpes Simplex	1	301.00	.	
Insect bite reaction	1	890.00	.	
Impetigo	1	342.00	.	
Pruritus	2	457.00	362.039	
Pruritic papular eruption	21	369.43	252.214	
Drug reaction	17	335.18	172.445	
Pityriasis versicolor	6	366.17	201.324	
Total	125	356.86	265.080	

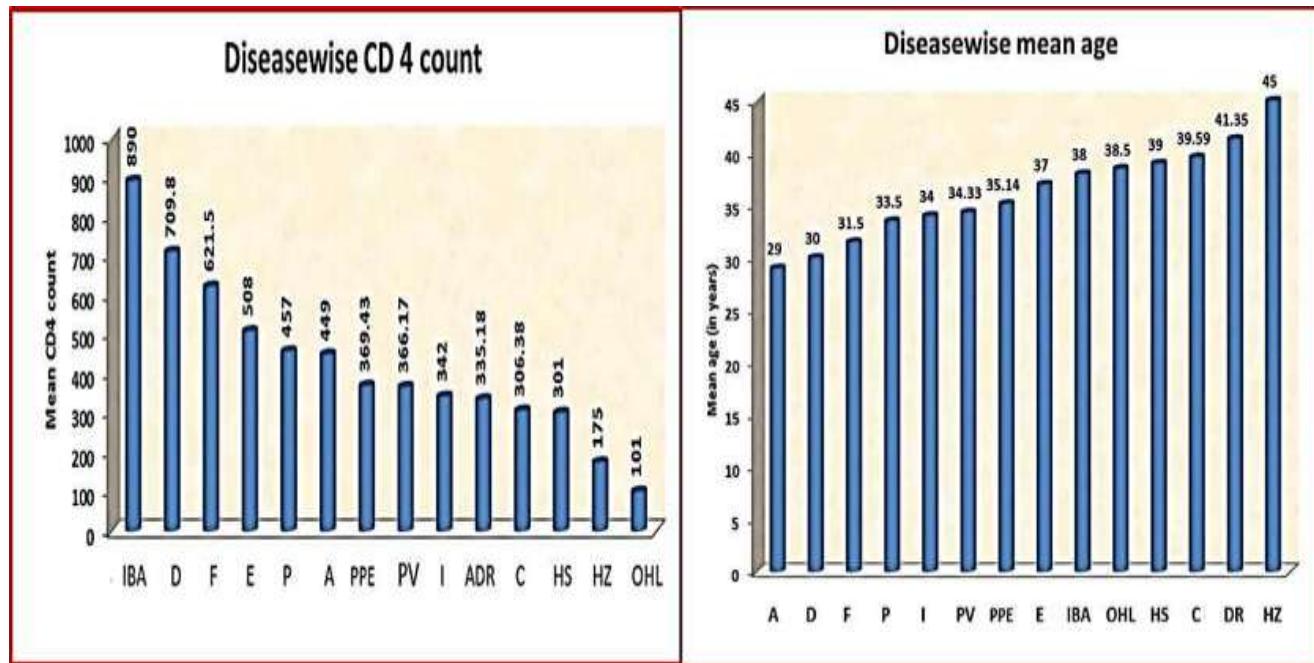


Figure 1: CD4 count and mean age of manifestations observed in 125 PLWH on HAART.

DISCUSSION

There literature on mucocutaneous manifestations in HIV positive patients outnumbers those on studies exclusively with those receiving HAART. In HIV infected persons, decline in the CD4 cell count leads to many infections. This fall in CD4 count is the reason for many opportunistic infections observed in PHWL.⁷ But one has to keep in mind that improvement in CD4 count with treatment, will lead to a paradigm shift in the mucocutaneous manifestations of PLWH from infective to non-infective diseases. In our study, patients with infective disorders were more in number when compared to those with non-infective diseases. Candidiasis was the most frequent infectious disease observed in our study as seen in many others.⁸⁻¹⁰ Hoods et al have documented the reduction in oropharyngeal candidiasis subsequent to the introduction of HAART.¹¹ This explains that though candidiasis was the commonest infection seen in 61 patients out of 125, The number is lesser than what was observed in pre HAART era, it was also supported by the fact that which 52.5% of patients with candidal infection were seen in Category I. This observation is in concordance with the literature. The prevalence of dermatophytosis was observed only in 4% of our cases and all were seen in category III with CD4 count >500 indicating that there is not much of difference in the prevalence of dermatophyte infection in PLWH and general population.¹²

Nearly two fifth (37%) had presented with non-infectious diseases in our study. Seborrheic dermatitis, xerosis, atopic dermatitis, eosinophilic folliculitis, psoriasis, HIV-1-related pruritus and adverse drug reactions were classified as primary skin disorders of HIV the incidence of which is on the raise following HAART.¹³ Many reports support the raising prevalence of these non-infective disorders in patients on HAART.¹⁴⁻²⁰ Among the non-infective manifestations, pruritic papular eruption was found to be the most prevalent manifestation of PLWH on HAART.

Patients receiving HAART are more prone to develop drug induced reactions than the normal counter parts.²¹ In our study, it was observed that all the 17 patients with adverse drug reaction had reacted to efavirenz and the reaction presented within the first three weeks after initiation of therapy. This is similar to a study conducted in Thailand were all the drug reactions were due to efavirenz.²² According to Philips et al history of such reactions limit the choices of medications and in such cases where there is no systemic manifestation desensitisation should be ideally considered.²³

Oral Hairy leukoplakia was seen in only two persons both having a CD4 count <200. This is in concordance with the literature.²⁴ We have not recorded Kaposi sarcoma in the 125 cases that we analysed. This may be due to the small sample size and out of which smaller group in category I.

Oral ulcers are not uncommon in patients with HIV. In a study of 124 HIV infected patients with oral manifestations carried out by Sontakke et al 4 patients had presented with aphthous ulcers of the mouth.²⁵ The observation of aphthous ulcers in two of our patients one each in category II and III is more or less similar to that observed in literature. However, we have not seen it occur in category I. This might give us a hope that HAART may reduce the incidence of aphthous ulcerations by improving the CD4 count.

CONCLUSION

There has been a paradigm shift in the mucocutaneous manifestation of HIV infected persons receiving HAART. Due to increase in the CD4 count the incidence of opportunistic infections have come down while that of the non-infective diseases are increasing with Immune reconstitution inflammatory syndrome adding to this in some patients. Awareness about such a changing trend in the clinical manifestation is required for adequate management of these recalcitrant disorders.

ACKNOWLEDGEMENTS

We acknowledge the laboratory staff of KMCH for helping us in this study.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the institutional ethics committee

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Cite this article as: Vijaya Anand M, Kumar P, Nandagopal K. Mucocutaneous manifestations among persons receiving highly active anti-retroviral therapy. *Int J Res Dermatol* 2017;3:124-9.