

Images in Infectious Diseases

A human immunodeficiency virus-positive woman with toxic epidermal necrolysis treated with human intravenous immunoglobulin

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A 46-year-old woman infected with human immunodeficiency virus (HIV) under treatment with zidovudine, lamivudine, and efavirenz, was admitted with disseminated erythematous-violaceous macules and bullous lesions in the neck, anterior chest, and palmoplantar regions; eroded lesions in the oral cavity; and ocular mucosa involvement. She reported an episode of fever one month earlier, which was treated with metamizole. Within 15 days, she developed cutaneous lesions associated with pharyngitis; she was administered azithromycin and then amoxicillin-potassium clavulanate.

On admission, laboratory tests showed a C reactive protein (CRP) level of 7.6mg/L, gamma-glutamyl transferase level of 390/L, and proteinuria of 30g/L. The initial conduct was suspension of all drugs and hydrocortisone(4mg/kg/day) administration

A week later, she developed erosions affecting >30% of her body surface area, including the oral cavity, ocular conjunctiva, and genitalia (**Figure 1**). Laboratory tests showed a CRP level of 11.7mg/L, albumin level of 1.8g/dL, ESR (erythrocyte sedimentation rate) 95mm, and proteinuria of 100g/L. The rash was characteristic of toxic epidermal necrolysis (TEN).

Human intravenous immunoglobulin (IVIg) (40g/day) was initiated for 3 days. One week after initiating IVIg, she showed considerable improvement in her dermal condition, with no new lesions and re-epithelialization in several areas (**Figure 2**).

HIV infection increases TEN susceptibility compared to that in the general population¹. Sulfamethoxazole-trimethoprim use is the main cause for TEN. Among anti-retroviral drugs, nevirapin is more frequently associated with TEN^{2,3}. In this case, the patient was not administered any of the above mentioned drugs. The possible medicines involved are metamizole and amoxicillin+clavulanate.



FIGURE 1: Images of the patient with toxic epidermal necrolysis before treatment.



FIGURE 2: Images of the patient 7 days after treatment with human intravenous immunoglobulin.

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Conflict of interest

The authors declare that there is no conflict of interest.

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