

## Case for diagnosis

### Caso para diagnóstico

Mônica Santos<sup>1</sup>  
Lisiane Nogueira<sup>3</sup>  
Luiz Carlos de Lima Ferreira<sup>5</sup>

Carolina Talhari<sup>2</sup>  
Renata Fernandes Rabelo<sup>4</sup>  
Sinésio Talhari<sup>6</sup>

#### HISTORY OF THE DISEASE

Male patient, mulatto, aged 28, with a diagnosis of AIDS since January, 2009 Admitted to the hospital 2 months after the diagnosis had been made with decrease in the conscience level, convulsions and respiratory syndrome. He had been presenting cutaneous ulcers for 3 months. The dermatological exam showed lesions with a gelatinous aspect on the borders, central ulceration and necrotic fundus on the scrotum and internal part of the right thigh. (Picture 1); flat ulcer on the preputium and ulcer with high borders and whitish fundus, of approximately six cm of diameter on the posterior region of the right thigh. (Picture 2). On the moment of the physical exam, the T-CD4<sup>+</sup> lymphocytes count was 69 cells/mm<sup>3</sup> and the viral loading 397.000 copies/mm<sup>3</sup>.

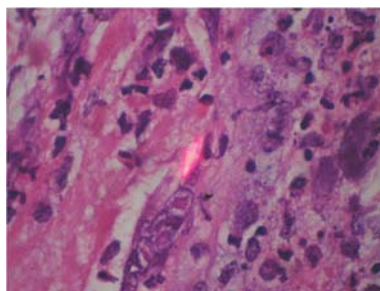
The VDRL was non reagent. The histological exam showed area of ulceration and necrosis, presenting, as its greatest enlargement, cells with voluminous nucleus, chromatin repelled to the border and greyish central region, named "Gray cells" (Picture 3). It was still observed fibrinoid vascular necrosis and "gray cells" adjacent to the vas walls. Polymerase chain reaction (PCR) to herpes type 2 virus was positive in the two lesions, as for herpes type 1 virus was negative (Picture 4). Based on clinical and histological exams and on molecular biology, the diagnosis of simple ulcerated chronic herpes was confirmed. The patient died after 12 days of hospitalization and one day after he had been examined by dermatologists possibly due to herpetic meningitis.



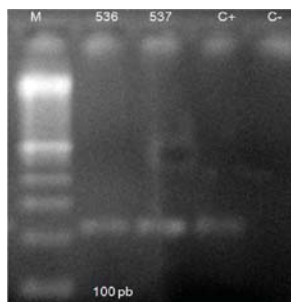
**PICTURE 1:** Ulcer measuring approximately 2 cms of diameter with borders of gelatinous aspect and clean fundus localized on the proximal part of the right thigh



**PICTURE 2:** Ulcer measuring approximately 6 cms of diameter with fibrinous and high borders with a gelatinous aspect



**PICTURE 3:** Presence of cells with voluminous nucleus, chromatin repelled to the nuclear periphery and greyish central region, named "Gray cells" HE 400X



**PICTURE 4:** PCR positive for HSV 2: C(+) positive control; C(-) negative control. Columns 536 and 537 correspond to material from the ulcers of pictures 1 and 2 respectively

Approved by the Editorial Board and accepted for publication on 07.05.2010.

\* Work carried out in "Fundação de Medicina Tropical do Amazonas" - Manaus (AM), Brazil.

Conflict of interest: None / *Suporte Financeiro:* Nenbum

Financial funding: None / *Conflito de Interesses:* Nenbum

<sup>1</sup> Doctorate degree in Infectious and Parasitic Diseases - Dermatologist of "Fundação de Medicina Tropical do Amazonas"; Professor of Dermatology of the State University of Amazonas (UEA) - Manaus (AM), Brazil.

<sup>2</sup> Doctorate degree in Infectious and Parasitic Diseases - Professor of Dermatology of the State University of Amazonas (UEA) - Manaus (AM), Brazil.

<sup>3</sup> Medical Doctor - Dermatology Resident of "Fundação de Medicina Tropical do Amazonas" - Manaus (AM), Brazil.

<sup>4</sup> Medical Doctor - Dermatology Resident of "Fundação de Medicina Tropical do Amazonas" - Manaus (AM), Brazil.

<sup>5</sup> Doctorate Degree in Pathologic Anatomy - Head of the Research Department of "Fundação de Medicina Tropical do Amazonas" - Manaus (AM), Brazil.

<sup>6</sup> Doctorate Degree in Dermatology - Director of "Fundação de Medicina Tropical do Amazonas" - Manaus (AM), Brazil.

## COMMENTS

Infection caused by herpes type 2 simple virus (HSV2), etiological agent of 60 to 90% of the cases of genital herpes, is fairly common in patients suffering from AIDS.<sup>1</sup> The prevalence of seropositiveness for HSV2 in the general population is of approximately 10 to 60%.<sup>2</sup> However, within the population that carries the infection by the virus type 1 of the human immunodeficiency (HIV1), the co-infection HSV/HIV occurs in 50 to 95% of the individuals according to studies carried out in different parts of the world.<sup>3</sup> Since the first descriptions of AIDS, in the beginning of the 1980s, herpetic infection is considered one of the most prevalent opportunist diseases in patients presenting retrovirus.<sup>4</sup> The mucocutaneous onset by HSV2 can be severe and can last for long (persisting for more than one month), being characterized as a defining disease for AIDS.<sup>5</sup> The HSV2 is pointed out as the main causal agent of chronic genital ulcers in AIDS patients, being responsible for 65% of the cases.<sup>6</sup> Patients with AIDS, with lymphocytes count T-CD4+

< 100cel/mm<sup>3</sup>, can present lesions with characteristics diverse from the ones found in immunocompetents. The slow evolution and absence of response to specific treatment are characteristics of these conditions and may lead to death.<sup>7</sup> As for the case presented here, the first clinical hypothesis, considering the gelatinous aspect of the borders was cryptococcosis. The other hypotheses drawn were histoplasmosis and herpes simplex. The diagnosis of chronic ulcerated herpes simplex was confirmed with the histopathological exam and ratified by positive PCR for HSV2.

This case shows that in immunodepressed patients, the dermatologic lesions may present clinical conditions different from their usual presentations, being necessary strict correlation between the physical exam and the complementing exams, apart from a most precocious therapeutic intervention, that might change dramatically the prognostic of the patient. □

**ABSTRACT:** Since the first reports and descriptions of AIDS in the early 1980s, herpetic infection has been considered as one of the most prevalent and opportunistic AIDS related infections in patients with retroviral diseases. Infection by Herpes simplex type 2 (HSV-2), the etiologic agent responsible for 60% to 90% of the cases of genital herpes, is very common among patients suffering from AIDS. Herpes simplex type 2 infection may cause severe and prolonged (over a period of time of one month) mucocutaneous onset of the disease, being characterized as an AIDS defining clinical condition.

**Keywords:** Acquired Immunodeficiency Syndrome; Herpes Simplex; Herpesviridae Infections

**RESUMO:** Desde as primeiras descrições da AIDS, no início da década de 1980, a infecção herpética é vista como uma das doenças oportunistas mais prevalentes em pacientes com retrovírose. A infecção pelo herpes-vírus simples tipo 2, agente etiológico de 60 a 90% dos casos de herpes genital, é bastante comum em pacientes com AIDS. O acometimento mucocutâneo pelo herpes-vírus simples tipo 2 pode ser grave e prolongado (persistente por mais de um mês), sendo caracterizado como doença definidora de AIDS.

**Palavras-chave:** Herpes simples; Infecções por herpesviridae; Síndrome de imunodeficiência adquirida

**REFERENCES:**

1. Van de Perre P, Segondy M, Foulongne V, Ouedraogo A, Konate I, Huraux JM, et al. Herpes simplex virus and HIV-1: deciphering viral synergy. *Lancet Infect Dis.* 2008;8:490-97.
2. Lupi O. Herpes simples. *An Bras Dermatol.* 2000;75:261-75.
3. Schacker T. The role of HSV in the transmission and progression of HIV. *Herpes.* 2001;8:46-8.
4. Gupta R, Warren T, Wald A. Genital Herpes. *Lancet.* 2007;370:2127-37.
5. Gbery IP, Djeha D, Kacou DE, Aka BR, Yoboue P, Vagamon B, et al. Chronic genital ulcerations and HIV infection: 29 cases. *Med Trop.* 1999;59:279-82.
6. Cusini M, Ghislanzoni M. The importance of diagnosing genital herpes. *J Antimicrob Chemother.* 2001;47:9-16.
7. Aoki FY. Management of Genital Herpes in HIV-infected Patients. *Herpes.* 2001;8:41-5.

---

*MAILING ADDRESS / ENDEREÇO PARA CORRESPONDÊNCIA:*

*Mônica Santos  
Av. Djalma Batista, 1.661, Shopping Millennium,  
Torre Médica, sala 610.  
69050 010 Manaus - AM, Brazil*

How to cite this article/*Como citar este artigo*: Santos M, Talhari C, Nogueira L, Rabelo RF, Ferreira LCL, Talhari S. Case for diagnosis. Herpes-virus simples tipo 2. *An Bras Dermatol.* 2010;85(4): 564-6.