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Images in Infectious Diseases

Perianal ulcers in a human immunodeficiency virus-seropositive man

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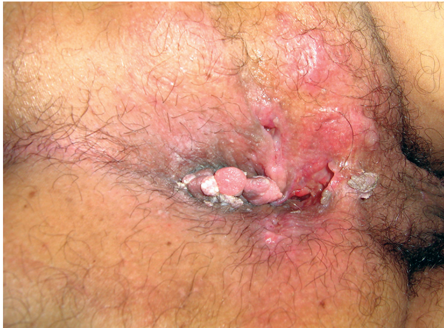
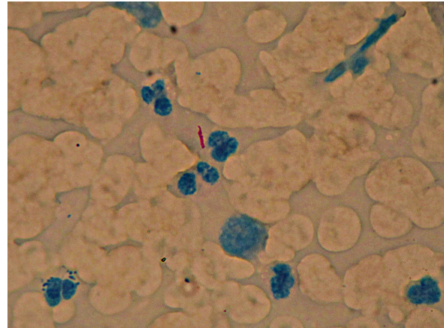
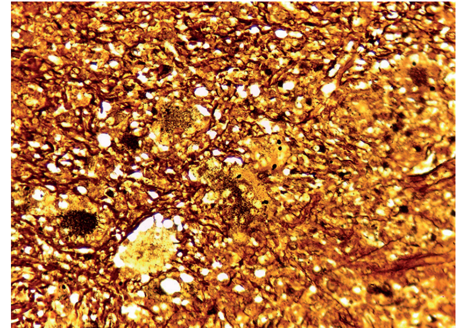


A



B



C

A 44-year-old man infected with human immunodeficiency virus presented with 1-month history of fever, night sweats, weight loss, and two perianal ulcerations. He had a history of primary syphilis and pulmonary tuberculosis and underwent complete treatment for both diseases. He had never been administered highly active antiretroviral therapy. Physical examination showed a large submaxillary lymphadenitis, two perianal ulcers with indurated erythematous margins and exophytic verrucous lesions compatible with condyloma acuminata or anogenital warts due to human papillomavirus (**Figure A**). Initial laboratory findings included anemia and high erythrocyte sedimentation (60mm/h). CD4 T-cell count was 107 cells/µL. The colonoscopy was normal and chest computed tomography showed an infiltrate compatible with miliary tuberculosis. Scarification of the perianal lesions was performed; Ziehl-Neelsen stain was positive for acid-fast bacilli (AFB) (**Figure B**) and Grocott's methenamine silver stain identified numerous fungal intracellular organisms compatible with *Histoplasma* (**Figure C**). A skin biopsy revealed granulomatous infiltration with multinuclear giant cells, lymphocytes and histiocytes without necrosis. The culture of skin biopsy smears was positive for *Mycobacterium tuberculosis*. Direct examination and cultures of sputum, bronchoalveolar lavage and aspiration of the cervical lymph node were positive for AFB and *M. tuberculosis*. Treatment with the antituberculous first-line drug regimen and amphotericin B resulted in rapid clinical improvement. Two months later, the perianal lesions were completely healed.

Perianal lesions represent a rare form of periorificial cutaneous tuberculosis and an unusual skin manifestation of disseminated histoplasmosis and tend to occur predominantly in patients with AIDS(1) (2) (3).

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