

中文題目：以乾癬來表現人類免疫缺乏病毒(HIV)感染的個案

英文題目：A case of HIV initially presented with psoriasis

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Case Summary

A 36 year-old homosexual chronic smoker, was presented to our outpatient due to rapid progressing diffuse itchy, hyperpigmented skin lesions with scaling over his scalp, trunk and extremities within three months. He was initially treated as adult-onset atopic dermatitis, but was in vain. Hyperpigmentation and alopecia progressed rapidly. Skin biopsy was compatible with psoriasis. However, skin condition did not improved with topical steroid and oral antihistamine. For high risk of sexual transmitted disease, syphilis and HIV were checked. Laboratory data showed lymphopenia (1092/uL), eosinophilia (1980/uL) with marked ESR elevation (44mm/hr). Both HIV Ab and western blot were positive. Anti-retroviral treatment was initiated. Psoriasis improved after anti-retroviral treatment.

Discussion

People living with HIV/AIDS (PLWHA) are affected by a higher incidence of infection and cancers. In particular, the prevalence and incidence of psoriasis are higher in PLQHA compare to general population.(1, 2) HIV can cause imbalance of T lymphocytes, characterized by a depletion of CD4⁺ T cells and relative increased in CD8⁺ T cells.(2) The reduction in CD4 suppressor T cells results in unchecked pro-inflammatory pathways, leading to psoriasis.(2, 3) Treatment of psoriasis in PLWHA is rather complicated due to impaired immunological status of patients. Methotrexate, although commonly used in general population, is not suggested for PLWHA as it might increase risk of opportunistic infection.(1, 4) Phototherapy, cyclosporine and TNF inhibitor can be considered in these patients with close monitor of opportunistic infections.(1, 4)

References

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