

INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

## ATYPICAL FORM OF BACILLARY ANGIOMATOSIS AS AIDS PRESENTING ILLNESS

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Background: Bacillary angiomatosis is a vascular, proliferative form of Bartonella infection that occurs primarily in immunocompromised persons. Most commonly affects skin and subcutaneous tissue. Lesions are often multiple and manifest as small papules and nodules that resemble angiomas but also plaques and exophytic masses.

Observation: A 31 year old black male, born in Cape Verde, and living in Portugal for 11 years.

He was referred to the Emergency Department for a 3-week-old lesion with rapid growth and spontaneous bleeding, associated with constitutional complaints (loss of 18 kg in the last three months, worsening of fatigue and occasional coughing). No other associated symptomatology.

We observed a bosselated and exulcerated violaceous plaque with a bleeding surface, measuring about 7 cm, located at the right forearm, with subcutaneous infiltration and associated lymphangitis.

The anatomopathological study showed morphological aspects favoring the diagnosis of bacillary angiomatosis. Detection of Bartonella spp DNA by PCR was positive.

The remaining study was positive for human immunodeficiency virus (HIV) with a CD4 cell count of 7 cells/ mm<sup>3</sup>.

Multiorganism involvement was excluded.

The patient started treatment with gentamicin I.V. (5 mg / kg) and oral doxycycline (200 mg/ day), as well as anti-retroviral therapy (ART) with resolution of the lesion.

Key message: Cases of bacillary angiomatosis are becoming rarer in the face of early diagnosis of HIV infection. This case manifested as a single plaque, despite the immunosuppression. Black patients in particular may bear this plaque form. Its recognition is fundamental to guide the laboratory study adequately, since this agent is not detected by routine methods. This way it is possible to institute early and directed treatment improving survival.