



PSORIASIS

## PSORIATIC ERYTHRODERMA IN HIV-PATIENT WITH TUBERCULOSIS

*Uladzimir P. Adaskevich<sup>(1)</sup> - Andrej L. Barabanau<sup>(2)</sup>*

*Vitebsk State Medical University, Dermatovenereology, Vitebsk, Belarus<sup>(1)</sup> - Belarusian State Medical University, Skin And Venereal Diseases, Minsk, Belarus<sup>(2)</sup>*

**Background.** One of the most common clinical forms of erythroderma is seen in psoriatic patients. Some cases of psoriatic erythroderma are described in HIV-patients. Characteristic features in such cases are chronic, torpid course and resistance to treatment.

**Observation.** We observed a 35-year-old patient with psoriatic erythroderma. Clinical, paraclinical, immunological, biochemical, histologic, ultrasound and X-ray methods were used alongside with lymph node biopsy and CT. Disease history: HIV, hepatitis C, addiction to alcohol, injecting drug user, not hereditary psoriasis of 5 years duration. Complaints: skin eruption, itch, joint and muscle pain, general weakness, restriction of movements. Severe general condition with more than 90% of the skin affected. The erythema is dusky red, infiltrated plaques covered with abundant silvery white scale. Fingers and toes are edematous, palpation of joints is painful. Laboratory: leukocytosis, ESR, RBCs, microcyphil nuclear cells – slightly elevated, lymphopenia, toxic neutrophils. Blood chemistry: increased levels of bilirubin, AST, ALP, G-GTP, glucose, CRP; decreased levels of iron, sodium, calcium, whole protein. Immunogram: CD4 abs/% 246/11, CD8 abs/% 1412/61, CD 4/8 0,17; anti-toxoplasma gondii: IgG, IgM not found; anti-HSV: IgG found, IgM-questionable; anti-CMV-IgG, IgM not found; anti-EBV: IgM not found, IgG revealed. PCR: HSV 1&2, CMV, HHV-6, VZV, myc. tuberculosis - not detected, EBV DNA found. MRP for syphilis negative.

Abdominal ultrasound: hepatomegalia, cyst of left kidney parenchima. Express diagnosis for tuberculosis: Gen Expert test positive, resistance to rifampicin. Sputum culture: detected M. tuberculosis complex resistant to rifampicin, isoniazide, canamycin. Diagnosed are psoriatic erythroderma, psoriatic arthritis, onychodystrophy, HIV, chronic hepatitis C, lung tuberculosis. After systemic and topical therapy the skin condition improved, the patient was sent for further treatment of diagnosed tuberculosis.

**Key message.** Clinical case of psoriatic erythroderma in an injecting drug user with HIV and other concomitant diseases is described. Erythroderma can be seen as a marker of HIV-infection.

