



SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

## DISSEMINATED ZOSTER IN AN IMMUNOCOMPROMISED PATIENT

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**Background:** Disseminated zoster is one of the most common cutaneous manifestations of HIV in 25-50%. In advanced HIV disease, herpes zoster may present atypically with scattered vesicles in the absence of dermatomal lesions. Co-infection of HIV and Hepatitis B is very important to recognize because both can occur at the same time since the mode of transmission is similar.

**Observation:** A 32 year old Filipino male seen last March 23, 2018 at Ospital ng Makati, Department of Dermatology who presented with multiple fluid filled bumps all over the body which started 3 weeks prior to consult, wherein patient noted fluid filled bumps on the left abdominal area with associated pain and was noted to progress all over the body. Patient was previously diagnosed and treated for pulmonary tuberculosis. Sexual history revealed that patient had his first coitus at 25 years old and practices both anal and oral intercourse with preference for both males and females. Patient does not use any protection and was recently diagnosed with anal fissures secondary to trauma. Patient was diagnosed with disseminated zoster; to consider immunocompromised state and was given acyclovir 800mg/tab five times daily for 7 days. HbsAg, HIV screening, VDRL (qualitative) and chest radiography were requested. Upon follow up, the patient was noted to be reactive for HbsAg and positive for HIV. Patient was then referred to the Center for Tropical and Travel Medicine at the Makati Medical Center wherein counseling was done, CD4+ level was monitored and treated with Efavirenz + Lamivudine + Tenofovir 600mg/300mg/300mg/tab.

**Key Message:** Dermatological manifestations are important clues to diagnose HIV and early recognition and clinical suspicion is very important for early and complete management of these cases.

