



## Severe Psoriasis due to Cessation of Antiretroviral Therapy in a Patient with Human Immunodeficiency Virus

Sergio Vano-Galvan MD and Pedro Jaen PhD

Dermatology Service, Ramon y Cajal Hospital, University of Alcalá, Madrid, Spain

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A 45 year old man presented after a 6 week history of progressive erythematous and prominent scaling cutaneous lesions in addition to asthenia and severe arthralgias. His medical history included intravenous drug addiction, and human immunodeficiency virus infection (CD4

cell count 280) treated with emtricitabine, tenofovir and efavirenz for the previous 2 years. Physical examination did not reveal fever or infectious symptoms. On anamnesis, the patient admitted to having stopped antiretroviral treatment 3 months earlier because of depression.

Dermatological examination revealed multiple circular-to-oval confluent scaling red plaques distributed over the back [Figure A], the abdomen [Figure B], the scalp and hands [Figure C], and the lower limbs and feet [Figure D]. His hands exhibited subungual hyperkeratosis



Extensive erythematous scaling plaques that affected [A] the back, [B] the abdomen, [C] the hands and [D] the feet. Subungual hyperkeratosis and deformed joints can be observed in [C]

and tender, painful and deformed joints. The rest of the physical examination was unremarkable. Laboratory tests revealed a CD4+ lymphocyte cell count of 37 cells/ $\mu$ l, CD8+ lymphocyte cell count of 580 cells/ $\mu$ l, CD4+/CD8+ ratio of 0.06, and viral load of 6000 copies/ $\mu$ l. Skin biopsy confirmed the diagnosis of psoriasis.

Treatment was started with topical mometasone and reintroduction of emtricitabine, tenofovir and efavirenz, which led to a dramatic improvement within 2 weeks. After 2 months only a few small lesions remained on the abdomen.

The clinical course of psoriasis in HIV patients is reported to be deteriorating as immunodeficiency advances; therefore,

it could be a clinical index of progression of the HIV infection [1]. The treatment of psoriasis in HIV-positive patients can be challenging, as it is often refractory to standard psoriasis treatments. When started on highly active antiretroviral therapy, patients' psoriasis tends to subside as the immune system is reconstituted [2]. Published case reports have shown a dramatic and rapid amelioration of psoriasis in HIV-positive patients who were either started or restarted on HAART [3]. Consequently, these reports emphasize the importance of strict adherence to antiretroviral regimens. It is paradoxical that while drugs that target T lymphocytes are effective in psoriasis,

the condition is exacerbated by HIV infection.

## References

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**Correspondence:** Dr. S. Vano-Galvan, Carretera Colmenar Viejo km 9.100, 28034 Madrid, Spain.

Phone: (34-67) 662-7742;

Fax: (34-91) 373-5088

email: sergiovano@yahoo.es

HIV = human immunodeficiency virus

HAART = highly active antiretroviral therapy

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[convention@isas.co.il](mailto:convention@isas.co.il)