

## Common Skin Conditions in HIV

### Seborrhoeic Dermatitis

Scaly or flaky red areas most commonly on the central face, scalp, behind the ears, and central chest. Less commonly found under the arms and groins. Can be mildly itchy. Although not an infection, it is felt to be a reaction to fungus that lives on everyone's skin.

There is unfortunately no cure for seborrheic dermatitis, but the condition can be managed. Treatment involves antifungal, corticosteroid and other anti-inflammatory creams prescribed by your physician. They are often applied twice per day. Occasionally oral tablets may be used. Regular use of over the counter dandruff shampoos on the scalp and other affected areas can help control symptoms.

<http://www.bad.org.uk/shared/get-file.ashx?id=180&itemtype=document>  
<http://www.dermnetz.org/topics/seborrhoeic-dermatitis/>

### Folliculitis

Small red bumps around hair follicles, mostly often on the limbs, torso and buttocks. Occasionally there may be a small pus filled bump (pustule). They can sometimes be itchy.

Your physician can help establish the diagnosis. If there are pustules, a swab can sometimes help guide treatment. Treatment depends on the cause, and can include exfoliating body washes (salicylic acid), topical antibiotic or antifungal preparations, oral antibiotic or antifungal tablets, topical or oral derivatives of vitamin A.

<http://www.dermnetz.org/topics/folliculitis/>

**Pityriasis versicolor** (also known as tinea versicolor)



Small, thin, scaly or flaky areas that can be lighter or darker than your normal skin tone. Usually found over the shoulders, back and upper chest. Usually not painful or itchy. Although not an infection, it is felt to be a reaction to fungus that lives on everyone's skin.

Treatment involves antifungal creams prescribed by your physician. They are often applied twice per day for 2-4 weeks. Occasionally oral tablets may be used. Over the counter dandruff shampoos may also be used as a body wash to affected areas as part of the treatment.

<http://www.bad.org.uk/shared/get-file.ashx?id=226&itemtype=document>

<http://www.dermnetnz.org/topics/pityriasis-versicolor/>

### **Psoriasis**

Well defined, scaly or flaky red areas that can appear on the scalp, face, arms, legs, torso, genitals, hands, feet, palms and soles. Changes to the finger and toenails can also occur. Some people with psoriasis also experience joint pain, which may impact how your psoriasis is treated. People with psoriasis are also at increased risk for cardiovascular (heart) disease. Joint pain and managing your risk of cardiovascular disease are things you should talk about with your physician.

Psoriasis treatments vary depending on the severity of the condition and the areas that are affected. In patients with HIV, antiretroviral therapy itself can improve psoriasis. Other treatments include corticosteroids, vitamin D analogues, tar or salicylic acid in creams, ointments, liquids or foams, ultraviolet light treatment (phototherapy), tablets taken by mouth, or medications that are injected.

<http://www.bad.org.uk/shared/get-file.ashx?id=178&itemtype=document>

<http://www.dermnetnz.org/topics/psoriasis/>

### **Fungal infection of the skin**

Often appears as red, scaly or flaky areas on the body (tinea corporis, ringworm) or groin (tinea cruris, jock itch). This can occasionally be itchy. Fungal infection on the feet (tinea pedis, athlete's foot) can appear as cracked, burning areas between the toes.



Your physician can help establish the correct diagnosis. Treatment is an antifungal cream applied twice daily for 2-4 weeks. Drying affected areas thoroughly after bathing, changing socks if they are damp, and wearing sandals on pool decks and locker rooms can help prevent infection.

<http://www.dermnetnz.org/topics/tinea-corporis/>

<http://www.dermnetnz.org/topics/tinea-cruris/>

<http://www.dermnetnz.org/topics/tinea-pedis/>

### **Fungal infection of the nails (tinea unguium, onychomycosis)**

Yellow, discolored nails on the hands or feet. Your physician can help establish the correct diagnosis. Treatment is not always required. Topical solutions used daily for at least 6 months can sometimes help, but oral antifungal tablets are often needed.

<http://www.bad.org.uk/shared/get-file.ashx?id=205&itemtype=document>

<http://www.dermnetnz.org/topics/fungal-nail-infections/>

### **Shingles (herpes zoster)**

Shingles is caused by reactivation of a virus (Varicella Zoster) which also causes chicken pox. It can occur more often and be more serious in people with HIV. It appears as a painful area of redness and blistering, often on one side of the body. Pain or tingling in the affected area can occasionally be felt before blisters appear. Some people experience pain in the area for some time after the blisters resolve.

If you suspect you have shingles, you should contact your physician immediately. Prompt treatment with antiviral tablets can help reduce symptoms and pain. People with shingles are contagious and can pass the virus on to people who have not had chicken pox.

<http://www.bad.org.uk/shared/get-file.ashx?id=128&itemtype=document>

<http://www.dermnetnz.org/topics/herpes-zoster/>

## **Warts**

Warts are caused by a virus (human papillomavirus) and can appear anywhere on the body, most often on the hands, feet and genitals. Warts themselves are not dangerous. They are difficult to treat in general, and people with HIV may have a particularly difficult time successfully treating warts.

Treatment in the first instance often involves topical salicylic acid preparations. If this proves unsuccessful more aggressive therapy may be required. This can include other medications applied topically or freezing (cryotherapy). Very troublesome warts may need to be surgically removed.

<http://www.bad.org.uk/shared/get-file.ashx?id=176&itemtype=document>  
<http://www.dermnetz.org/topics/viral-warts/>

## **Precancerous skin lesions**

### *Actinic keratosis (AK)*

This is also known as solar keratosis as it tends to occur on sun exposed sites such as the hands, face and scalp. It appears as a small, dry, flaky patches of skin, some of which can have a crust. Sometimes, this crust can fall off leaving a red area underneath.

AKs are usually painless but may be slightly itchy. The presence of AKs may be a sign that you are at increased risk of skin cancer, and the condition has the potential to develop into skin cancer. If lesions are changing, increasing in size, or you develop any tenderness or pain in the area, you should seek medical advice from your dermatologist.

Treatment for AKs include the following options: freezing (cryotherapy), a variety of topically applied creams, photodynamic therapy or surgical removal.

### *Carcinoma in situ (Bowen's disease)*

Squamous cell carcinoma in situ (Bowen's disease) can appear anywhere on the body, most commonly on the lower legs, hands, forearms and face. People with HIV are also at increased risk of developing carcinoma in situ in the genital (penile, vulvar, vaginal) or perianal area. It appears as a scaly or crusty area of red skin. When it occurs on the genitals, it may be a smooth or shiny red area. Lesions can vary from one to several centimetres wide. They can sometimes open up (ulcerate).



These lesions can progress into skin cancer (squamous cell carcinoma), or signal that you are higher risk for skin cancer elsewhere on your skin. Any lesion concerning for carcinoma in situ should be assessed by your physician.

Treatments for carcinoma in situ include: freezing (cryotherapy), a variety of topically applied creams, photodynamic therapy or surgical removal.

<http://www.bsscii.org.uk/recognising-skin-cancers/>

## **Skin cancer**

### *Squamous cell carcinoma (SCC)*

Squamous cell carcinoma is the most common form of skin cancer in patients with HIV. SCC appears as a scaly or crusty, often raised lump on the skin. It may look like a wart with a red base. It can occur anywhere, but common areas include the lower legs, hands, forearms, face and genitals. They can often be tender or painful, and can grow quite quickly.

If you have any lesion concerning for SCC, you should contact your physician. Treatment most often involves minor surgery to remove them. If SCC has spread to the lymph nodes, further surgery, radiation therapy or chemotherapy may be required.

### *Melanoma*

Melanoma is not a common tumor in HIV positive patients, but it is important to catch melanoma early as it can spread. Melanoma can arise from a longstanding mole, or develop in a new mole or spot that wasn't there previously. If you notice any change in the size, shape, colour of a longstanding mole, or if you develop a new mole, it should be examined by your dermatologist.

Treatment for melanoma is surgery. If melanoma has spread to the lymph nodes or other organs, further surgery, radiation therapy or chemotherapy may be required.

### *Kaposi sarcoma*

Kaposi sarcoma is a type of skin cancer caused by human herpes virus 8. People with HIV have a difficult time controlling this virus. The virus is often picked up in childhood or via sexual contact



and lies dormant in the body. It can appear anywhere but often starts on a limb, and can appear as a dark purple lump or spot. If this occurs on the lower legs, swelling of the leg can also occur.

Treatment often begins with establishing control of HIV with antiretroviral medications. For very small lesions, topical creams or freezing (cryotherapy) may be effective. Larger or multiple lesions may require surgical removal, chemotherapy or radiation therapy.

<http://www.bsscii.org.uk/recognising-skin-cancers/>

<http://www.bad.org.uk/shared/get-file.ashx?id=2131&itemtype=document>

<http://www.dermnetnz.org/topics/kaposi-sarcoma/>

Dr Philip Doiron, BSc(Pharm), MD, FRCPC, DABD