An atypical keloid scar- beware occult HIV infection

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Clinical Case - Introduction

A 34 year old gentleman presented with a 6 month history of a lesion on his anterior chest wall described on referral as a keloid scar. Examination revealed a linear infiltrated plaque. A reported history of trauma secondary to an animal scratch in that site was felt to be in keeping with an exaggerated scar reaction (Figure 1).

He was treated initially with super potent topical steroids followed by steroid impregnated tape. At review the appearance showed no discernable improvement and had a more atypical appearance less in keeping with hypertrophic scarring. Full skin examination at that stage revealed further smaller similar lesions on the trunk (Figure 2).

Investigations

A incisional biopsy was taken. This showed plasma cells and extravasation of red blood cells associated with a cellular lesion splitting and dissecting collagen in a vasiform pattern surrounding pre-existing vessels. The cells were positive for HHV8 with overall appearances in keeping with Kaposis Sarcoma (Figure 3).

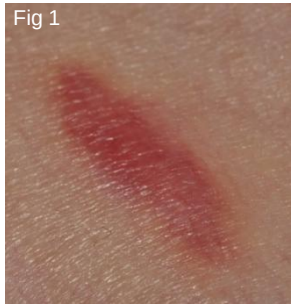
Fig 1

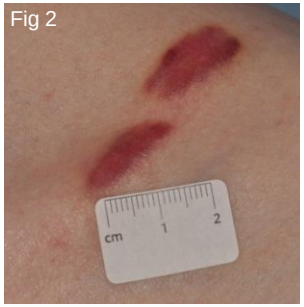

Fig 2

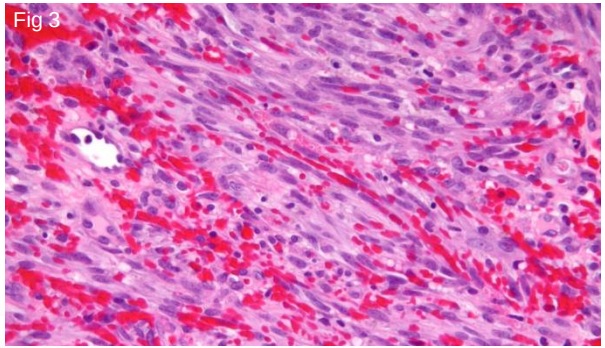
Fig 3

An HIV test was positive with a CD 4 count of 29 cells/cmm^3 and a viral load of 9000 copies/ml. He subsequently admitted to having had several episodes of unprotected sex with men over many years. Remarkably there was no sign of visceral Kaposi's sarcoma clinically and also on CT scan. He is currently undergoing treatment with anti-retroviral medication.

Discussion

Kaposi's sarcoma is a vascular neoplasm that often occurs in immunosuppressed patients, with many studies identifying HHV-8 on biopsy. Incidence of HIV is increasing with a large proportion of cases being detected late. This is especially important to a Dermatologist as 90% of HIV cases will have skin findings at some point during their illness. The most common manifestations being seborrhoeic dermatitis, herpes simplex, herpes zoster, molluscom contagiosum and plantar warts. Our case serves as a reminder to all Dermatologists to consider HIV testing with any atypical cutaneous presentations, especially in high risk patients.