

UNUSUAL OCULAR MANIFESTATION OF AIDS

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INTRODUCTION

The Acquired Immune Deficiency Syndrome is a lethal multisystemic disease. Ocular lesions in AIDS are varied and affect almost all structures of eye. They are usually seen in the final stages of the disease when the immunity dips down to low level. They have received relatively little attention in the literature.

Ocular manifestations of AIDS occur in 73-100% of AIDS patients. Initial ocular manifestation occurs in many cases and prompt diagnosis can help the clinician to suspect the underlying HIV infection.

Ocular lesions in AIDS affecting almost all structures of the eye are a result from opportunistic infections, malignancies associated, direct effect of HIV and the immunologic changes seen in AIDS.

MOLLUSCUM CONTAGIOSUM INFECTION IN AIDS

Molluscum contagiosum is the most common adnexal manifestation in HIV positive patients. It is highly contagious dermatitis caused by DNA Pox virus (MCV) and mainly affects skin and mucous membrane.

MCV causes characteristics lesions consisting of a single or multiple painless, dome shaped, peak waxy papules 2-5 mm in diameter. The papules are umbilicated containing caseous plug.

Widespread, persistent and atypical *Molluscum contagiosum* may occur in patients who are significantly immunocompromised or have AIDS with low CD4T

lymphocyte count. MC is a benign and self limited infection. In AIDS patient these lesions tend to spread aggressively to head and neck area. They are progressive as well as persistent.

Involvement of margin of eye lids may produce keratoconjunctivitis or chronic follicular conjunctivitis. It may present with occasional associated punctuate epithelial erosions and/or superficial vascular pannus on the cornea.

Diagnosis is based on clinical findings of the characteristic skin lesion.

CASE REPORT

Our objective is to present the clinical aspect of a HIV infected patient with atypical and severe MC. A 30 year unmarried female from Kendrapara district, Orissa presented to the Eye OPD, M.K.C.G Medical College, Berhampur, Orissa with painful swelling and oedema of both the side of right eye. Further examination revealed numerous (thousands) of suppurated umbilicated nodular lesions over lids and facial skin. Other ocular manifestations included severe blepharospasm and slit lamp examination revealed intractable kerato conjunctivitis (Figures 1,2,3)

She was referred to a dermatologist for expert opinion and was diagnosed as *Molluscum contagiosum*, As it is very uncommon in a normal individual to have more than 10 lesions, it aroused suspicion of opportunistic infection. After eliciting a careful history, she told that she is under



treatment at the ART Centre, M.K.C.G. Medical College, Behrampur and is taking 3 drugs (Zidovudine, Lamivudine) for last 1 month.

This patient was made to understand the course and prognosis of the disease and encouraged to continue oral antiretroviral therapy.

CONCLUSION

Molluscum contagiosum in AIDS patient, although not life threatening appears when CD₄ levels reach a critical level. Therefore its presence can be considered as a marker of late stage disease. So this case was an eye opener for the ophthalmologists to diagnose a case of advanced HIV infection by mere glance of the lesions and to take every precaution before planning surgery and to avoid being accidentally contaminated by the dreadful disease.

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