

Papulonodular rashes in a male patient

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A male patient referred with rash, fever, malaise, weakness during the past 12 days prior to admission. He has been an intravenous drug user since 4 years ago.

The rashes were first noted in his face and then spread to the trunk and extremities. He also complained of melena.

There were not any past medical and drug history. He didn't have a recent trip. Vital signs recorded as follows: Blood pressure: 110/80 mmHg, pulse rate: 80/minute, oral temperature: 38°C and respiratory Rate: 16/minute.

Physical examination revealed papulonodular rash all over his body skin (face, trunk, and extremities), mucous of the month, and border of his tongue (figure 1).

Laboratory findings included: total white blood cell count: 3500/mm³ with 28% lymphocyte, Hemoglobin: 7.2 mg/dL (MCV: 80. MCH: 24), and platelets: 455×10³/mm³.

HIV ELISA: Reactive, HIV western Blot: positive. CD4 count was not determined. In upper GI endoscopy there were the same lesions similar to skin rashes in stomach, but esophagus and duodenum was normal.



Figure 1. Papulonodular rash over the face of the patient and also the border of his tongue.

Skin biopsy revealed lobular proliferation of small blood vessels containing endothelial cell with chronic inflammatory cell infiltrates but fibrosis band in skin section was not seen (figure 2).

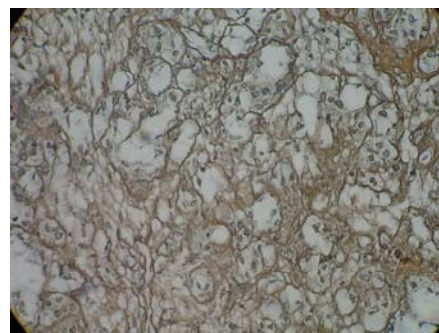


Figure 2. Histopathology of the lesion.

Received: 24 December 2007 Accepted: 28 March 2008

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Now, what is your diagnosis? (The answer is on page 117)