



TREATMENT INFORMATION PROGRAM MANDATE & DISCLAIMER

In accordance with our mandate to provide support activities and facilities for members for the purpose of self-help and self-care, the BCPWA Society operates a Treatment Information Program to make available to members up-to-date research and information on treatments, therapies, tests, clinical trials, and medical models associated with AIDS and HIV-related conditions. The intent of this project is to make available to members information they can access as they choose to become knowledgeable partners with their physicians and medical care team in making decisions to promote their health.

The Treatment Information Program endeavours to provide all research and information to members without judgment or prejudice. The program does not recommend, advocate, or endorse the use of any particular treatment or therapy provided as information. The Board, staff, and volunteers of the BCPWA Society do not accept the risk of, or the responsibility for, damages, costs, or consequences of any kind which may arise or result from the use of information disseminated through this program. Persons using the information provided do so by their own decisions and hold the Society's Board, staff, and volunteers harmless. Accepting information from this program is deemed to be accepting the terms of this disclaimer.

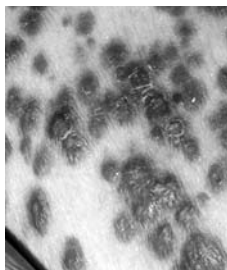
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A rash of HIV-related skin complications

by Rob Gair

Skin complications in people living with HIV are common, and in the years since the AIDS epidemic began, different patterns of skin problems have emerged. Before there was effective antiretroviral therapy, HIV-related skin problems were caused by immune system dysfunction. Since the advent of highly active antiretroviral therapy (HAART), skin complaints have decreased dramatically. Nevertheless, many of these conditions still occur, especially in people who are not responding to HAART or for whom HAART is not available. As well, HAART itself may be responsible for some skin problems.

Kaposi's sarcoma



Perhaps the most visible and well-known HIV-related skin disorder, Kaposi's sarcoma (KS) was very common before the advent of HAART and was directly linked to declining immune status. It usually first appears as small reddish-purple nodules on the skin, which become increasingly uncomfortable and disfiguring. KS is a type of cancer, associated

with a herpes virus infection, causing uncontrolled growth of blood vessels. Its presence in internal organs is more serious because it may go undetected until it starts to cause organ damage.

KS is treated with standard cancer chemotherapy and radiation. Improved immune function with the introduction of HAART has dramatically reduced the occurrence of KS.

Herpes virus



The herpes virus is responsible for a number of skin conditions in people with HIV. Herpes simplex virus (HSV) occurs in two predominant types: HSV-1, which is typically associated with

oral cold sores; and HSV-2, which is associated with genital herpes outbreaks. However, either type can reside in both areas of the body.

Both types of HSV cause painful watery pustules, which typically take up to two weeks to heal. The common notion that genital outbreaks are more serious and difficult to treat is untrue. Early treatment with antiviral agents like acyclovir may reduce healing

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time. People with recurrent outbreaks may take prophylactic antivirals to prevent outbreaks.

Herpes zoster—also called varicella zoster—is responsible for chicken pox, a benign infection in children. After childhood, the virus becomes dormant but may reactivate in older adults or in those with immune disorders, typically appearing as shingles, an extremely painful, blister-like rash that surfaces along nerve pathways in the skin. The rash may take weeks to heal, but early treatment with high-dose antivirals can speed healing; this may also decrease the incidence and duration of post-herpetic neuralgia, a nerve pain that persists after the rash has disappeared.

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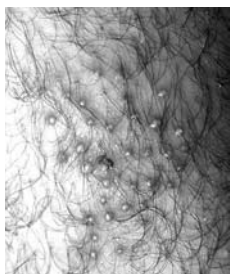
A vaccine for herpes zoster reduces the occurrence of shingles in older people. The vaccine is recommended for people over 60 years, but has not been studied in the setting of HIV-related herpes zoster.

Venereal warts

Genital warts are caused by the human papilloma virus (HPV). Lesions appear as small, pimple-like nodules on the genital or anal area. In more advanced cases, the nodules become more wart-like in appearance and may develop in clusters. HPV is the cause of cervical cancer in women and it is also associated with anal cancer in gay men. For women, regular Pap smears screen for cervical cancer, however similar screening methods for men have not been widely developed.

Treatment is usually more effective in people with good immune function; options include podophyllin (Podofilm), liquid nitrogen, or electrical cauterization. A vaccine recently became available that protects for specific cancer-causing strains of HPV; however it's expensive and isn't currently covered by health plans.

Eosinophilic folliculitis



Eosinophilic folliculitis is a chronic inflammation of the hair follicles that happens more commonly in advanced HIV disease. It appears as an itchy, red, pus-filled bump around the hair follicle, resembling a pimple. The bump is usually quite painful if squeezed, and the lesion is slow to heal. The cause is not clear, although fungi or skin parasites have been implicated.

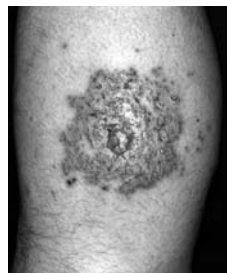
Treatments have included oral or topical antibiotics or antifungals, ultraviolet light, antihistamines, and permethrin, with varying effectiveness.

Molluscum contagiosum



Skin-coloured lesions caused by the molluscum contagiosum virus may appear in large numbers in people with declining immune status. Typically, the lesions have a pit in the centre or they may look like a wart, and they may be itchy. Molluscum contagiosum is often treated like warts with podophyllin or liquid nitrogen; some reports suggest that topical imiquimod (Aldara) can also help.

Eczemas



Eczema and related conditions generally present as dry, flaky, itchy areas of skin. Seborrheic dermatitis is quite common in people with HIV; it appears as yellowish greasy scales on the scalp, face, or torso. Treatment usually starts with topical anti-dandruff shampoos and steroid creams, or coal tar preparations. UVB light therapy may also be effective.

Atopic dermatitis is a dry, itchy skin condition with an allergy component. It's often accompanied by other allergy problems such as asthma and hay fever. Treatment includes moisturizing lotions and antihistamines.

HAART-related skin problems

Medications used in HAART have themselves been associated with skin problems. For example, non-nucleoside reverse transcriptase inhibitors like efavirenz (Sustiva) and nevirapine (Viramune) are commonly associated with rashes, especially in the first few weeks of therapy.

Lipodystrophy or fat wasting, while not technically a skin disorder, appears to be associated with use of older nucleoside analogues such as zidovudine (AZT, Retrovir) and stavudine (D4T, Zerit). It isn't clear how much protease inhibitors contribute to this problem.

Finally, reduction of viral load following introduction of HAART is sometimes associated with immune reconstitution syndrome, especially in people with low CD4 counts or opportunistic infections prior to starting HAART. Those who develop this syndrome may encounter a variety of new or worsening skin complications generally associated with advanced HIV infection. ⊕

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