



# HERPES SIMPLEX VIRUS INFECTION PRESENTING AS UMBILICATED CRUSTED PAPULES IN AN AIDS PATIENT

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## BACKGROUND

Herpes simplex virus (HSV) infections typically present with vesicular eruptions; however, in immunocompromised individuals, such as those with human immunodeficiency virus (HIV) infection, the clinical manifestations can be atypical and mimic other dermatologic or systemic conditions [1,2].

## DESCRIPTION

We report the case of a 26-year-old Filipino male diagnosed with HIV for eight years non-compliant to his once-daily antiretroviral regimen of lamivudine, tenofovir disoproxil fumarate, and efavirenz. The patient presented with an eight-day history of asymptomatic, skin-colored papules with central umbilication and yellowish crusting localized to the right perioral area (Figure 1). A systemic review revealed weight loss and fever. His latest CD4 count was 94 cells/ $\mu$ L. Differential diagnoses considered included systemic fungal infections, monkeypox, and molluscum contagiosum [3].

## FINDINGS

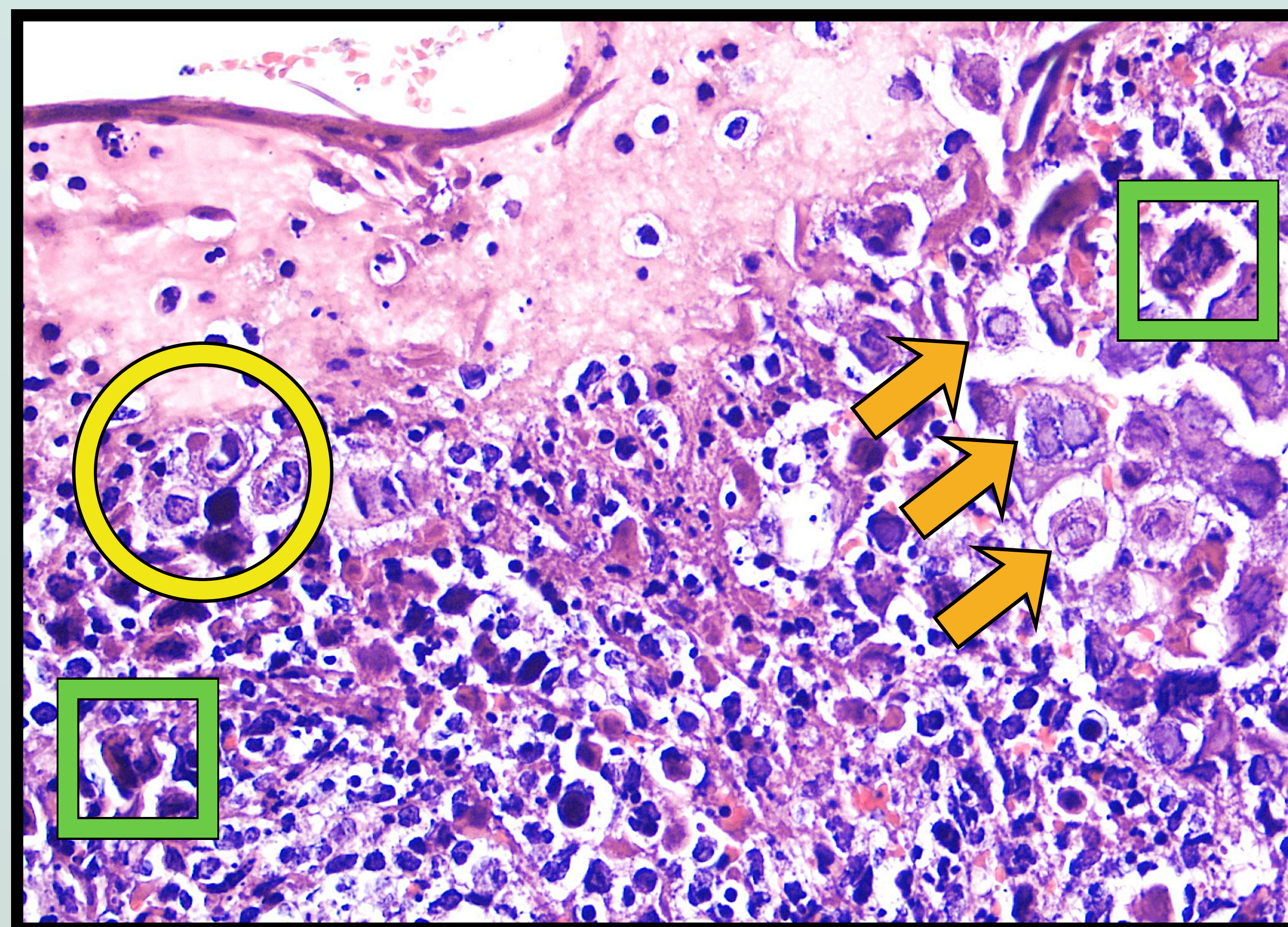
Histopathologic examination of a skin biopsy confirmed HSV infection, revealing scale crust overlying an acanthotic stratum corneum with multinucleated giant cells, eosinophilic intranuclear inclusions (Cowdry type A bodies), and ballooning degeneration of keratinocytes (Figure 2). Periodic acid-Schiff (PAS) and Gomori methenamine silver (GMS) staining, fungal cultures, as well as cryptococcal antigen latex agglutination assays were negative, ruling out fungal etiologies. PCR was HSV-1 positive. Thus, the patient was diagnosed as a case of herpes labialis with secondary bacterial infection and was treated with oral acyclovir and topical mupirocin ointment, leading to resolution of the lesions.

## CONCLUSION

This case underscores the diagnostic challenges posed by atypical presentations of HSV in the setting of advanced HIV, where immune dysregulation allows for unusual morphologies thereby mimicking other etiologies. While vesicular and ulcerative lesions are classic for HSV, papular or molluscum-like presentations may delay diagnosis and treatment, particularly in resource-limited settings or when coinfections are suspected. Early recognition and prompt antiviral therapy are critical to prevent progression and complications, including chronic or disseminated HSV infection. This highlights the importance of considering HSV in the differential diagnosis of papular eruptions and utilizing histopathology and molecular diagnostics to guide management in HIV patients.



**Figure 1.** Multiple discrete umbilicated and crusted papules on the perioral area



**Figure 2.** Acanthotic stratum corneum with multinucleated giant cells (□), Cowdry type A bodies (○), and ballooning degeneration (→) [H&E,  $\times 100$ ]

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