A non-Hodgkin's lymphoma in a patient with HIV-2 infection

Non-Hodgkin's lymphoma is a well known complication in persons with HIV-1 infection. HIV-2 is a less pathogenic virus, but HIV-2 infected individuals also may progress to AIDS, clinically indistinguishable from AIDS caused by HIV-1 infection. So far only four cases of non-Hodgkin's lymphoma in HIV-2 infected individuals have been reported. We describe a fifth case.

A 67 year old bisexual man was diagnosed with HIV-2 infection in 1987. His CD4 lymphocyte count at that time was 216/mm$^3$. In December 1988 zidovudine treatment was started. In 1989 he developed polyneuropathy and minor cognitive disorders. After 1992 he suffered recurrent attacks of angina pectoris because of severe coronary insufficiency. In December 1993 he was hospitalised because of severe weight loss, fatigue, nausea and abdominal pain, mainly localised in the left part of the abdomen. His CD4 count was 100/mm$^3$. At colonoscopy a tumour was observed at the level of the splenic angle. A biopsy revealed a non-Hodgkin's lymphoma. No other lesions outside the gastro-intestinal tract were found. Initially, he was treated with endoxan, adriamycin, vincristine and prednisolone. His abdominal pain disappeared but he continued to lose weight. Despite chemotherapy he developed a large bowel obstruction and died in September 1994. A post-mortem examination was not performed.

HIV-2 infection is mainly prevalent in West Africa. Because in this part of the world the facilities for the diagnosis of lymphoma are often lacking, it is likely that lymphoma remains often undiagnosed in African AIDS patients. With increasing numbers of patients with HIV-2 infection seen in the developed world it is expected that cases of non-Hodgkin's lymphoma associated with HIV-2 infection will also increase.

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Prurigo nodularis in an HIV positive man

Prurigo nodularis is usually seen in atopic subjects. Recently a similar eruption has been described in HIV infection. We describe a case in which nodular prurigo was the presenting feature of HIV infection, and suggest possible treatment modalities.

A 38 year old Asian man complained of generalised pruritus for a few months prior to his presentation at the dermatology clinic. During the course of investigations he was subsequently found to be HIV positive. Examination showed nodules and lichenified papules across the chest, down the arms with very florid lesions on his legs and particularly around the ankles (fig).

Excision biopsy of one of the nodules was performed and the histology of this showed hyperkeratosis overlying epidermal acanthosis and some dermal inflammation. This in association with the history and clinical findings led to the diagnosis of prurigo nodularis.

Although this patient obtained some benefit from the application of topical steroids under occlusion for lesions on the limbs, because of the significant involvement of the trunk it was decided to treat him with ultraviolet B phototherapy.

Prurigo nodularis is a rare disease, and is characterised by chronic intensely itchy
A non-Hodgkin's lymphoma in a patient with HIV-2 infection.

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