**HPV identification in vaginal swabs and nasopharyngeal aspirates**

<table>
<thead>
<tr>
<th></th>
<th>HPV positive</th>
<th>HPV 6/11</th>
<th>HPV 16/18</th>
<th>HPV 31/33</th>
<th>Unidentified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal swabs</td>
<td>15/124</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>(12.1%)</td>
<td></td>
<td></td>
<td></td>
<td>(66.6%)</td>
<td></td>
</tr>
<tr>
<td>Nasopharyngeal</td>
<td>10/109</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>6 (60%)</td>
</tr>
<tr>
<td>aspirates</td>
<td>(9.1%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Cytomegalovirus retinitis in a healthy antiretroviral naïve HIV positive male with a CD4 count of 277/mm³

Cytomegalovirus (CMV) retinitis is a common sight threatening complication of late HIV disease, occurring rarely with CD4 lymphocyte counts above 100/mm³ and most frequently when the CD4 lymphocyte count falls below 50/mm³. Four cases of CMV retinitis occurring in HIV patients with CD4 counts greater than 200/mm³ have been described. In three of these cases, the CD4 counts were 255/mm³ and 235/mm³ and 355/mm³ at the time of CMV diagnosis. However, these patients were receiving zidovudine antiretroviral therapy which may complicate interpretation of CD4 counts. As demonstrated by Concorde, zidovudine may sustain CD4 counts without translating into clinical benefit. Although the reason for this is unclear, one suggestion was that zidovudine may alter the proportion of poorly functioning CD4 cells in the peripheral blood. In the fourth case, the patient had a CD4 count of 366/mm³ and although he had not previously had antiretroviral therapy, his CD4 count and immune function may have been altered by a previous splenectomy.

We report a case of CMV retinitis occurring in a 42 year old HIV seropositive homosexual man, who was antiretroviral naïve, in good health with no prior AIDS defining diagnosis and no other immunocompromising condition. He presented with a history of “floaters” preceding the development of a shadow in the vision of his right eye. He had a relatively stable
CD4 lymphocyte count which was 277/mm³ at the time of diagnosis. He was evaluated by two ophthalmologists, both of whom confirmed CMV retinitis with a retinal detachment. In addition, he had a vitreal biopsy which was positive for PCR for CMV and negative for herpes simplex, herpes zoster and Toxoplasma gondii. His retinitis failed to respond to intravenous ganciclovir, but subsequently responded to induction with 3 weeks of intravenous foscarnet therapy and remains quiescent on IV foscarnet maintenance therapy. Following diagnosis of CMV infection his CD4 count fell to 90/mm³ within 6 months, although it improved with combination antiretroviral therapy (zidovudine and zalcitabine). Interestingly, in two of the other non-splenectomised patients CD4 counts fell precipitously soon after diagnosis (from 255/mm³ to 15/mm³ over 8 months in one patient and 235/mm³ to 32/mm³ over 7 months in the other) reinforcing the importance of aggressive antiretroviral therapy once an opportunistic infection associated with immunocompromise develops.

A non HIV related case with a normal CD4 count has highlighted the importance of CD4 cell function in the prevention of CMV retinal infection. HIV infection causes a great heterogeneity of immunological dysfunction. The CD4 count acts as a surrogate marker for the level of immune dysfunction but may hide functional as well as other subtle abnormalities of the immune system. CD4 counts are useful for predicting patients at risk of CMV retinitis and, therefore, those who may benefit from screening. However, although rare, this case further demonstrates that CMV retinitis can occur at CD4 counts greater than 200/mm³ and should serve to caution HIV physicians that the diagnosis of CMV retinitis is not excluded by a relatively high CD4 count.

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Acute cytomegalovirus prostatitis in AIDS

Genitourinary tract disorders are common in the acquired immunodeficiency syndrome (AIDS) including a wide spectrum of abnorm-


Cytomegalovirus retinitis in a healthy antiretroviral naive HIV positive male with a CD4 count of 277/mm$^3$.

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