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Original Article

HIV-ASSOCIATED SARCOMA KAPOSI WITH DISTAL ONYCHOMYCOSIS

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Summary

The case presented is a 58-year-old heterosexual man with HIV-associated Kaposi sarcoma, B-cell lymphoma, hepatitis C, mucosal candidiasis and distal subungual onychomycosis.

Key words: onychomycosis, HIV, Kaposi sarcoma

Introduction

Acquired Immune Deficiency Syndrome (AIDS) is the final stage in the evolution of an infectious process in humans, caused by the Human Immunodeficiency Virus (HIV). It causes damage to the cell-mediated immunity, and as a result there appear opportunistic infections and neoplasias with poor prognoses. These infections occur and develop in parallel with the clinical progress of advanced HIV infection, and are typical of the clinical category C (< 200 CD4 cells/mm³) according to the CDC classification system of HIV (KK Holmes et al., 1999). They occur in 25-65% of the patients and the outcome is lethal.

Case presentation

The case presented here is a 58-year-old heterosexual man, who had worked in Africa for 8 years as a baker. He was diagnosed as HIV (+) in November 2007 in South Africa. In January 2008, the patient was admitted to the Clinic of Infectious diseases in Sofia, Bulgaria with advanced immune deficiency (169 CD4 cells/mm³) and lymphoma. The histopathologic and immunohistochemical (CD20) examinations of a biopsy sample from a lymph node proved the existence of a diffuse large B-cell non-Hodgkin's lymphoma. The AIDS diagnosis was confirmed. Treatment with Sumamed® (Azithromycin) and Trizivir® (abacavir sulfate, lamivudine, zidovudine) was administered. The patient was referred to Department of Infectious Diseases of University Hospital-Pleven.

The clinical examination revealed a bradypsychic man in poor general health, with obvious