

## Chronic non-healing perianal ulcer as presenting sign of acquired immunodeficiency syndrome

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### Case

A male in his forties presented with painful, persistent, non-healing ulcers in the buttocks for two months with history of inadvertent weight loss and loss of appetite. History of high-risk sexual behavior including anal intercourse was present. On examination, the patient appeared cachexic with a body mass index of 15kg/m<sup>2</sup>. A shallow, tender, non-indurated, perianal ulcer of size around 10 x 7cm, with irregular margins, unhealthy granulation tissue and slough was noted. Multiple, skin-colored, umbilicated papules were also noted in bilateral buttocks (**Figure 1**). Multiple, non-tender, non-matted, inguinal lymph nodes were present bilaterally. A provisional diagnosis of chronic non-healing ulcer secondary to Herpes Simplex Virus with Molluscum contagiosum was considered. During workup, ELISA revealed antibodies to HIV-1 and was confirmed by Western blot test. His CD4 counts were 6.4% with absolute CD4 count of 113/μL. Blood culture revealed methicillin resistant coagulase negative staphylococci and pus culture reported growth of *Enterobacter*. His routine baseline investigations were normal. Rapid plasma reagin (RPR) test for syphilis and serology for hepatitis B and C virus were negative. The patient was started on tablet acyclovir 400mg thrice daily for 7 days and tablet linezolid 600 mg twice daily for 14 days along with topical antibiotic cream. The patient was then referred to the antiretroviral therapy (ART) centre. At 2 weeks' follow-up, the ulcer showed complete re-epithelialization.



**Figure 1:** A shallow, non-indurated, perianal ulcer with irregular margins, uniform depth, unhealthy granulation tissue and slough. Multiple, skin-coloured, umbilicated papules were also noted in bilateral buttocks.



**Figure 2:** Complete re-epithelialization at 7 days follow-up.

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