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Figure 1 – Large and painful ulceration of the right first finger, evolving for more than one month

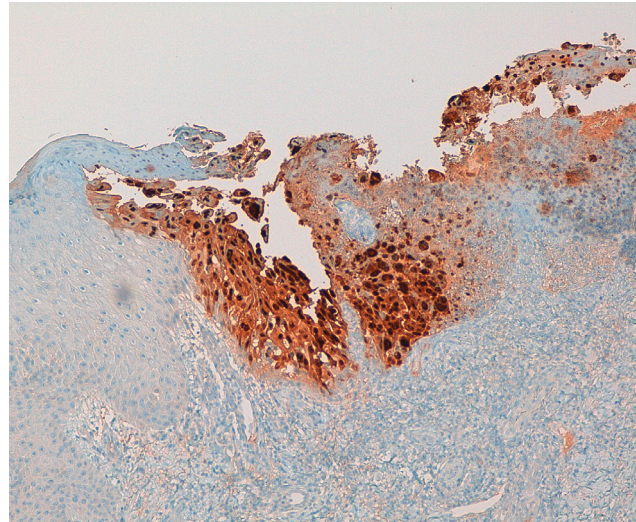


Figure 2 – Immunohistochemical stain for herpes simplex virus (HSV) was positive

A 56-year-old man presented with a large and painful ulceration of the right first finger evolving for more than one month (Fig. 1). The patient had a known human immunodeficiency virus (HIV) infection for four years, but had discontinued antiretroviral treatment in the last year. Histological examination revealed ballooning degeneration of keratinocytes. Immunohistochemical stain for *herpes simplex virus* (HSV) was positive (Fig. 2). HSV type 2 DNA was detected by polymerase chain reaction (PCR). Culture and PCR for mycobacteria were negative. Syphilis

serology was consistent with treated syphilis. HIV load was 284 000 UI/mL, and CD4 cells were 14/mm³. Resolution of the ulcer was obtained after 28 days of oral acyclovir and reintroduction of antiretroviral therapy.

In immunocompromised patients, HSV skin lesions can be larger, atypical, necrotic, and should be treated until complete resolution.¹⁻³ Non-healing herpetic ulcers for longer than one month is an acquired immunodeficiency syndrome-defining condition.⁴

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