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Photoquiz: Generalized violaceous papulosquamous eruptions in an HIV-positive female

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A 25-year-old woman gravida 2, para 2, presented to the dermatology clinic for evaluation of a one-month history of a generalized asymptomatic rash. The patient had a history of poorly controlled Human Immunodeficiency Virus (HIV) infection with non-compliance to antiretroviral therapy, and prior chlamydia and gonorrhea infections. Additionally, she complained of a headache, which was unrelieved by aspirin, paracetamol, and caffeine. The patient denied vomiting, neck stiffness, tingling, numbness, or fatigue.

Mucocutaneous examination revealed several ill-defined violaceous papules and plaques with peripheral scaling over her face, trunk, and extremities, including her palms and soles (Figure 1A). Additionally, there were multiple ill-defined healing erosions with peripheral serpiginous violaceous borders present in the buccal mucosa (Figure 1B). The lesions over the palms and soles were well-demarcated with a coppery hue (Figure 1C). Furthermore, there were well-defined violaceous papules over the labia majora (Figure 1D). Severe tenderness was elicited by applying gentle pressure to the lesions on the back.

What is the diagnosis?

- A) Subacute Cutaneous Lupus Erythematosus
- B) Rocky Mountain Spotted Fever
- C) Lichen Planus
- D) Secondary Syphilis



Figure 1. A, Several ill-defined violaceous papules and plaques with peripheral scaling involving the face, trunk, and extremities. **B**, Multiple ill-defined healing erosion with peripheral serpiginous violaceous borders in the buccal mucosa. **C**, Well-demarcated papules with a coppery hue on the palms and soles. **D**, Violaceous papules over the labia majora.

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CONFLICT OF INTEREST:

The authors listed above have no conflicts of interests to disclose.

Informed Consent:

Informed consent and approval were obtained from the patient described in the manuscript.

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