An AIDS Patient with Fever and Rash
(See pages 112-3 for Answer to Photo Quiz)

Figure 1. A tender, erythematous nodule on the patient’s middle finger

A 45-year-old man with late-stage AIDS was admitted to the hospital because of fever and a progressive wasting syndrome. Although the patient had traveled extensively throughout Central America and South America and had lived in Panama 20 years earlier, his current illness kept him housebound, and he had no recent travel history or disease exposures. Two weeks before admission to the hospital, he had developed a painful erythematous swelling over his right elbow, which was followed several days later by the development of a tender erythematous nodule on his middle finger (figure 1) and multiple monomorphic, dome-shaped papules and nodules localized to his head and neck (figure 2). The findings of an oral examination were notable for poor dentition, with an abscessed upper molar. His WBC and platelet counts were 400 cells/mm³ and 13,000 platelets/mm³, respectively, and his hematocrit was 21%. The findings of chest radiography were unremarkable and did not show infiltrates, effusions, or other abnormalities. His CD4 cell count was 9 cells/mm³, and his viral load was 100,000 copies/μL. Results of serum cryptococcal antigen and rapid plasma reagin tests were negative. Results of Gram and acid-fast stains of the lesions on the finger and face were negative, as were results of direct fluorescent antibody tests for varicella-zoster virus and herpes simplex virus. Gomori methenamine silver stains of biopsy specimens from the lesion on the finger and one of the lesions on the face yielded negative results (figure 3).

What is your diagnosis?
Figure 2. Multiple monomorphic, dome-shaped papules and nodules that appeared on the head and neck.

Figure 3. Biopsy specimen from a facial lesion (Gomori methenamine silver stain; original magnification, ×600)