



# 8/24/22 Morning Report with @CPSolvers



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**CC:** 52 y/o M p/w itchy rash, predominantly on trunk and legs

**HPI:**  
 First noticed a few months ago, getting worse since he started taking HIV meds more regularly  
 Increasingly bothersome in the last 10 days  
 Hydrocortisone & moisturizer don't improve symptoms  
 Scaly rash, itching has caused scab formation  
 History of episodic rash behind knees from childhood  
 Red, firm bump in R elbow crease, worsening over 1-2wk incl pain  
 ROS unremarkable; some constipation but no hematochezia  
 HIV: Off ARVs from 2018-2021. Presented to clinic in 2021 and was started on Biktarvy.  
 On initial presentation: CD4 ct 104  
 Presently: Viral load < 200

**PMH:**  
 HIV dx in 1998  
 Hep B/C coinfection - Hep C untreated  
 Hx of thrush, PCP  
 Cocci treated intermittently w/fluconazole  
**Meds:**  
 Biktarvy now taking daily  
 Bactrim prophylaxis  
 Fluconazole - not taking d/t associated nausea  
 Methadone

**Fam Hx:**  
 N/A  
**Soc Hx:**  
 IVDU  
 Heroin & meth use  
 Admitted for overdose 1 yr ago- started on methadone & intermittent use of suboxone  
 Hx of sexual activity with women only  
 Housing: couch surfing

**Vitals:** T: 36.1C HR: BP: 115/78 RR: 16 SpO<sub>2</sub>: 97% on RA  
**Exam:**  
**Gen:** Appears in distress, itching  
**CV:** nl  
**Pulm:** clear  
**Abd:** somewhat distended, soft & nontender  
**Extremities/Skin:** Erythematous macules w/overlying scaling and crusting. Distribution: legs, trunk, some upper extremity. Most lesions have a central clearing.  
 R antecubital fossa: 2x3cm indurated, warm, erythematous lesion w/o fluctuance.

**Notable Labs & Imaging:**  
**Hematology:**  
 Normal CBC/CMP  
**HIV labs:**  
 Nov 2021 CD4: 104  
 May 2022 CD4: 144  
 July 2022 CD4: 266, viral load < 30

**Working diagnosis:** tinea corporis exacerbated by immune reconstitution + antecubital abscess  
 Tinea: treated with clotrimazole cream & monitored for improvement.  
 Abscess: treated with bactrim  
 HIV: CD4 > 200 -> stop bactrim prophylaxis

**Problem Representation:** 52 y/o M w/ PMH of IVDU, uncontrolled HIV and coccidiomycosis p/w 2-3 months of scaly, pruritic rash on trunk and legs associated with increasing ARV use and 1-2 wk of R antecubital pain & swelling. Found to have tinea corporis & antecubital abscess.

**Teaching Points (Promise):**  
 -rash: morphology, pruritic → primary derm vs secondary systemic  
 -hydrocortisone & moisturizer: ask pt how long to determine lack of response vs not enough time to see improvements  
 -scab: from rash or from scratching?  
 -cocci infx hx could lead to dissem cocci → skin lesion  
 -central clearing: scabies, tinea corporis, eczema  
 -local reaction to injection? Infx? 2 diff processes going on?  
 -IRIS: immune reconstitution inflammatory syndrome - rxn to infectious microorganism when immune system is recovering following ARV drugs; some case reports suggest a/w dermatophytes infx