

PATIENT INFORMATION

Skin care tips for patients with HIV

Almost every patient with HIV develops skin problems at some point. In addition to following your doctor's instructions and taking all your medications, as prescribed, there are steps you can take to make your skin less itchy and prevent rashes from spreading:

- Wash your hands thoroughly and often.
- Use mild soaps like Dove or Neutrogena. Avoid soaps that contain deodorant.
- Take short baths or showers in cool or warm—but not hot—water.
- Don't use a washcloth, which can be abrasive. Pat your skin dry instead of rubbing it.
- After bathing and before going to bed, apply a water-based skin lotion such as Aquaphor or Eucerin. Avoid lanolin-based creams or ointments, and use only skin care products that are fragrance-free.
- Keep your lotion in the refrigerator so it will be cool when you put it on, which may help reduce itchiness.
- Wear loose-fitting clothes to avoid chafing your skin.
- Keep your fingernails short.



It's important to let your doctor know if you develop a new skin condition, such as a rash, warts, or ulcers. If your outbreak is accompanied by fever, nausea, vomiting, headache, swollen glands, or difficulty swallowing or breathing, be sure to contact your doctor right away.

Sources: 1. Kouba, D. J., & Martins, C. R. "A clinical guide on supportive and palliative care for people with HIV/AIDS. Chapter 9: Dermatologic problems." 2003. [ftp://ftp.hrsa.gov/hab/pall/chap9.PDF](http://ftp.hrsa.gov/hab/pall/chap9.PDF) (24 Mar. 2006). 2. Tuthill, J., & Garnier, S. R. "A clinical guide on supportive and palliative care for people with HIV/AIDS. Chapter 25: Prevention of skin breakdown." 2003. [ftp://ftp.hrsa.gov/hab/pall/chap25.PDF](http://ftp.hrsa.gov/hab/pall/chap25.PDF) (24 Mar. 2006).

impetigo, folliculitis, cellulitis, boils, or soft tissue abscesses, often presenting as macules, papules, pustules, or ulcers that can rupture and shed pus.

Two to four weeks of treatment with oral penicillin (Amoxicillin, Ampicillin, others) or a first-generation cephalosporin such as cephalexin (Keflex) is usually effective in treating *S. aureus* infection. But patients with large, deep lesions may need IV antibiotics and, in some cases, the lesions may require surgical drainage.^{5,6} Recurrences are common in this patient population, in part because of nasal colonization of *S. aureus*.

Syphilis, caused by *T. pallidum*, affects about a quarter of patients infected with HIV.⁷ In fact, the two are closely related: Syphilis can facilitate the transmission of HIV.⁷ The CDC recommends that all patients diagnosed with either one be tested for the other, and requires that clinicians report cases of syphilis to their local and state health departments.⁵

Along with its characteristic genital chancre, syphilis may present in unusual ways in HIV patients. These include rapidly progressive and widespread ulcerative nodules and papular eruptions that mimic a molluscum contagiosum infection.^{5,7} Penicillin is an effective treatment for syphilis, but HIV-positive patients may need to continue treatment for longer than uninfected patients.⁵

As for fungal infections, mucosal candidiasis is the most common form found in patients with HIV. Most develop candidiasis of the oropharynx—thrush.

Thrush is characterized by a burning sensation on the tongue and white plaques on the mucous membrane of the cheeks and around the tongue and tonsils. Although it's possible to scrape off these plaques, avoid doing so, because removing the plaques won't cure the infection but will cause bleeding and leave a tender, friable surface.^{5,9}

Patients may also develop painful fissures at the corners of the mouth, as well as itchy, red patches with satellite pustules—smaller raised red infected areas—between the fingers and toes, in the axilla, between the buttocks, and in any area with skinfolds. In women, mucosal candidiasis may also present as a vaginal yeast infection.⁵

Oral antifungal drugs such as fluconazole (Diflucan) and topical applications like nystatin (Mycostatin, Nilstat, others) may be effective, but patients with more advanced candidiasis will require IV fluconazole.^{7,9} Unfortunately, it's not unusual to see frequent recurrences.³

Tinea, another fungal infection that's common