Discussion

At the referral hospital, a smear from a scraping of an umbilicated papule was sent for analysis. India ink staining revealed budding yeasts diagnostic of Cryptococcus neoformans. Results of a subsequent lumbar puncture were consistent with a diagnosis of disseminated cryptococcosis.

HIV-associated cryptococcosis typically presents as a sub-acute meningo-encephalitis, with symptoms of headache, nausea, vomiting and diarrhea. However, cutaneous dissemination occurs in approximately 5% of cases. Cutaneous disease presents as eruptive papules, nodules, ulcers and abscesses. Umbilicated papules with central ulcerations characteristically appear in HIV-infected persons [1].

Molluscum contagiosum is very common in HIV seropositive patients and presents as small discrete papules with central umbilication favoring the face, neck and intertriginous areas [2]. Unlike cutaneous cryptococcosis, these do not ulcerate or bleed and lesions typically have an insidious onset.

Penicillium marneffei is another fungal infection that can present with cutaneous lesions in the immunocompromised host. Characteristically it presents with papules on the face, chest, and extremities. The center of the papule often becomes necrotic, giving the appearance of an umbilicated papule and making it difficult to differentiate from cutaneous cryptococcosis. In contrast to C. neoformans, P. marneffei is only rarely described among HIV-infected persons in Africa[2].

By contrast, Histoplasmosis capsulatum has been diagnosed more frequently in southern Africa over the last decade[2] although infrequently with skin manifestations. Cutaneous histoplasmosis preferentially affects the oral mucosa with erosions and ulcerations and may present with one or more discrete erythematous skin papules.

REFERENCES