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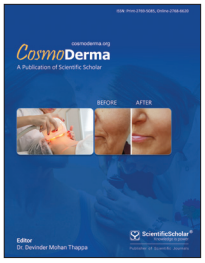

Visual Treats in Dermatology

The giant pearl of immunodeficiency

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A 56-year-old human immunodeficiency virus (HIV)-positive man presented with progressively enlarging, pearly papules on the face for 6 months. The lesions were dome-shaped, smooth, and centrally umbilicated, measuring up to 1.8 cm and were associated with mild pruritus. Systemic examination was unremarkable, and his CD4 count was 145 cells/mm^3. Excision biopsy revealed lobulated epidermal hyperplasia with large intracytoplasmic eosinophilic inclusion bodies (Henderson–Patterson bodies) within keratinocytes, with minimal dermal inflammation, confirming giant molluscum contagiosum (MC) [Figure 1a and b]. The patient was managed with lesion-directed therapy and optimization of antiretroviral treatment.

Giant MC is an uncommon manifestation, typically seen in patients with advanced immunosuppression, and serves as a clinical marker of impaired cellular immunity. Clinically, these lesions may mimic basal cell carcinoma, keratoacanthoma, or opportunistic cutaneous infections such as cryptococcosis or histoplasmosis, particularly in immunocompromised adults. Histopathology remains the gold standard for diagnosis, revealing characteristic Henderson–Patterson bodies. Recognition of such lesions is important not only for local management but also for assessing the underlying immune status and guiding HIV treatment optimization.[1,2]

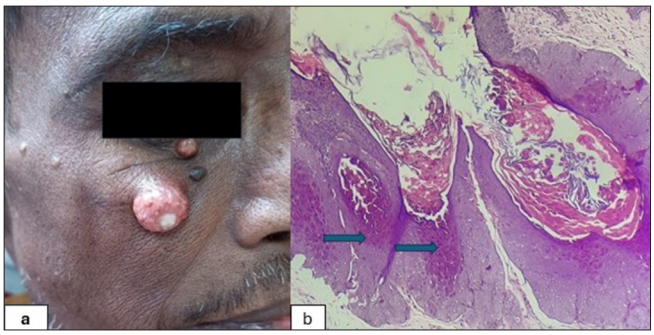

Figure 1: (a) Large, dome-shaped, centrally umbilicated lesion on the cheek. (b) Histopathology (hematoxylin and eosin, ×40) showing lobulated acanthosis with keratinocytes containing large eosinophilic Henderson–Patterson bodies (blue arrows).

Ethical approval: Institutional Review Board approval is not required.
Declaration of patient consent: The authors certify that they have obtained all appropriate patient consent forms. In the form, the patients have given their consent for their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.
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Use of artificial intelligence (AI)-assisted technology for manuscript preparation: The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

REFERENCES

1. Díaz CE, Rodríguez-Bolaños R, Salazar-Vázquez B. Giant molluscum contagiosum in an HIV-positive patient. Int J Infect Dis 2015;37:121-3.
2. Alghamdi A, Alghamdi YS, Hanafi H, Karami MM, Khayyat W, Hersi RM, *et al*. A giant eyelid molluscum contagiosum revealing an HIV infection: A case report and literature review. Cureus 2023;15:e41187.

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