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## THE STUDY OF SKIN MANIFESTATIONS IN HIV INFECTION

*Resume.* There has never been a disease in the history of mankind that has not attracted such close attention of the entire medical and non-medical community as HIV infection. This has caused numerous scientific studies around the world and enormous economic costs. AIDS is one of the most dangerous infectious human diseases threatening the existence of the human population, since the death of infected people is inevitable on average 10-11 years after HIV infection

. Skin lesions can have an important diagnostic value both for the acute stage of the disease and for determining the stages of secondary diseases.

**Key words:** HIV infection, dermatovenerology, AIDS.

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## ИЗУЧЕНИЕ КОЖНЫХ ПРОЯВЛЕНИЙ ПРИ ВИЧ- ИНФЕКЦИИ

***Резюме.** В истории человечества не было такой болезни, которая бы не привлекала к себе столь пристальное внимание всей медицинской и немедицинской общественности, как ВИЧ-инфекция. Это стало причиной многочисленных научных исследований во всем мире и колоссальных экономических затрат. СПИД - одно из опаснейших инфекционных болезней человека, угрожающей существованию человеческой популяции, поскольку неизбежна гибель инфицированных в среднем через 10-11 лет после заражения ВИЧ*

*Поражения кожи могут иметь важное диагностическое значение как для острой стадии болезни, так и для определения стадий вторичных заболеваний.*

***Ключевые слова:** ВИЧ инфекция, дерматовенерология, СПИД.*

**Relevance.** The incidence of HIV infection (HIV - human immunodeficiency virus) continues to steadily increase [1,6,70]. Significantly increased the number of patients with late stages of HIV infection and the presence of various opportunistic diseases, in particular skin lesions.

Diagnosis of these changes often presents great difficulties at the prehospital level for general practitioners, as well as dermatologists and infectious disease specialists [4,9,10].

**Purpose of the study.** To improve the results of treatment in HIV-infected patients examined for acute dermatovenereological diseases, based on the new data obtained on the features of immunological disorders and the clinical course in the postoperative period.

**Materials and research methods.** We observed 586 patients with various skin manifestations, which accounted for 69% of the total number of hospitalized (in the 4th stage of HIV infection - 88%). They can be divided into

3 groups: skin manifestations during the manifestation of HIV infection, diseases in the stage of secondary manifestations (stage 4) and skin lesions not associated with HIV infection. Skin lesions can be of great diagnostic value.

**Results and discussion.** The first two groups refer to HIV-indicator diseases, since all types of tumors in patients with HIV/AIDS have a viral etiology and their formation is due to severe immunodeficiency. Dermatoses of unknown etiology may be due to drug-induced autoimmune lesions, especially with long-term antiretroviral therapy (ARVT) (in particular, Epivir) or specific therapy for opportunistic diseases, and a direct effect of HIV on the skin is not excluded. The most common in AIDS patients are fungal infections of the skin and mucous membranes. The most frequently observed candidiasis, rubrophytosis, multi-colored lichen (81%). Other mycoses are much less common.

Second place among skin lesions is seborrheic dermatitis (68%). As a rule, in these patients it is acute and severe. Initially, the process is localized only on the face (eyebrows, mustache, mouth area), scalp and extensors of the upper limbs. With the development of the process on the scalp, one can find a rather strong peeling, resembling dandruff. Sometimes with HIV, the process can spread throughout the skin in the form of itchy eczematous plaques.

Herpetic eruptions can appear on any part of the skin and mucous membranes, but more often they occur on the lips, genitals or in the perianal region. Rashes often transform into large, painful, long healing ulcers. Often, the clinical manifestations of herpes resemble chickenpox or impetigo.

In addition to lesions of the skin and mucous membranes, with HIV infection, patients often develop herpetic proctitis, which manifests itself in the form of painful edematous erythema in the perianal region. Shingles, provided that it occurs in young people at risk, in the absence of provoking diseases and immunosuppressive therapy, serves as an indicator of HIV infection.

Bubble rashes are accompanied by severe pain, leave scars, recur, which is not observed in people without immune deficiency. Kaposi's sarcoma, caused by herpes simplex virus type 6, remains the most characteristic dermatological neoplastic manifestation of HIV infection.

It should be noted that its frequency has decreased from 40% in men with AIDS in 1980–90 to up to 9% since 2000. The main clinical features of Kaposi's sarcoma is that in most patients the disease develops before the age of 35; lesions on the skin are common; tendency to rapid generalization of the process (first of all, the lungs, gastrointestinal tract, lymph nodes and oral mucosa are affected); high mortality within a short time without treatment.

The appearance on the skin of various bluish or pink spots, plaques or papules in young people should definitely alert the attending physician regarding HIV infection and requires a mandatory histological examination of the skin biopsy to exclude Kaposi's sarcoma. In the later stages of the disease, skin elements (roseola, papules, spots) become numerous, infiltrated, and may ulcerate. Abundant skin manifestations are almost always accompanied by severe lymphostasis, joint damage, with the development of contractures.

An example of a direct relationship between skin lesions and HIV infection is papillomavirus infection of the skin and mucous membranes (10%). In HIV-infected patients, changes on the skin have an unusual appearance, affect atypical places, are numerous, have decay sites in the center of the papules, merge, and almost always recur after surgical removal.

**Conclusion.** Thus, despite the fact that there are quite a lot of clinical variants of dermatological manifestations of HIV infection, skin lesions such as Kaposi's sarcoma, persistent candidiasis of the skin and oral mucosa, often recurrent herpes simplex and herpes zoster, seborrheic dermatitis, molluscum contagiosum, "hairy » leukoplakia of the tongue and vulgar warts, should be attributed to the most characteristic and diagnostically significant markers of

HIV infection, especially if they occur against the background of general symptoms - fever, lymphadenopathy, weakness, diarrhea, weight loss.

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