Clinical Images

Herpes Vegetans: an Unusual and Acyclovir-Resistant Form of HSV

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A 44-year-old man with longstanding AIDS, non-adherent to antiretrovirals (ARVs) and opportunistic infection prophylaxis, presented with 2 months of painful groin nodules. Examination revealed firm, exophytic nodules with purulent drainage from the groin to the base of the penis. Testing for gonorrhea, chlamydia and syphilis was negative. Biopsy revealed ulceration with underlying granulation tissue with chronic inflammatory infiltrate including plasma cells, lymphocytes, eosinophils, and histiocytes. T-cell gene rearrangement was negative, and stains/cultures for acid-fast bacilli, fungi, and bacteria were unrevealing. Viral culture was positive for herpes simplex virus (HSV) resistant to acyclovir (Fig. 1).

Herpes vegetans is an atypical presentation of HSV seen in the setting of immunodeficiency, most commonly AIDS.¹ Differential diagnosis of ulcerated genital nodules in immunocompromised patients includes condyloma acuminata, condyloma lata, verrucous carcinoma, pemphigus vegetans, or a deep fungal or mycobacterial infection. Biopsy for histology and culture is necessary for workup of this differential, as superficial viral cultures of nodules are often negative.² Interestingly, in the setting of verrucous or vegetative presentation of HSV,

acyclovir resistance is often present.³ Treatment of acyclovir-resistant HSV usually consists of intravenous administration of foscarnet, though alternatives include topical trifluridine, cidofovir, or imiquimod, or intralesional cidofovir.⁴ This patient was successfully treated with foscarnet.

Figure 1 Firm, pink, exophytic nodules with adherent yellow crust located in the right groin.

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Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they have no conflict of interest.

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