

Skin problems / rash

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Symptoms

The skin is probably the organ most commonly affected by HIV infection. Conditions such as eczema, psoriasis, dry skin and seborrhoeic dermatitis tend to occur. These conditions are due to HIV itself and can make the skin more vulnerable to other infections. Rashes caused by reactions to drugs are usually characterised by a widespread red rash across the back, chest, arms, and legs. Occasionally the rash includes the face and mucous membranes (eyes, nasal passage and mouth). The rash can be flat, resembling a sunburn, or with red raised bumps, but any sort of rash can happen. When widespread rashes occur it is advisable to seek medical advice immediately.

Causes

Drug reactions causing rashes occur mostly from antibiotics, especially penicillins, and sulpha drugs. HIV [antiviral](#) [1]A medication or substance which is active against one or more viruses. May include anti-HIV drugs, but these are more accurately termed antiretrovirals. drugs which can cause rashes include nevirapine, abacavir, nelfinavir, delavirdine, efavirenz, and amprenavir.

Nevirapine rash is usually mild to moderate and occurs in up to 16% of patients, while a severe hypersensitivity rash can occur with fever, muscle pain and weakness and inflamed lymph glands (4.1% severe: 1.1% life threatening). Rash will usually occur within the first six weeks of taking nevirapine, but patients are monitored for up to eight weeks.

Severe hypersensitivity, which may include a rash, occurs in about 4% of people starting abacavir (usually within six weeks of starting therapy). Stevens-Johnson Syndrome occurs rarely and is potentially life threatening requiring discontinuation of the causative drug.

Some HIV antiviral drugs such as indinavir can affect the hair and nails. Some protease inhibitors may cause ingrown toenails.

A whole variety of skin conditions including eczema, psoriasis, dry skin and seborrhoeic dermatitis occur regularly in HIV disease. These conditions are often treatable with correct diagnosis and where they are persistent and proving difficult to treat, referral to a dermatologist may be useful.

Complementary & Supportive Therapy

Itching and dry skin: Soothing lotions as well as sodium bicarbonate baths help pruritus itch. Oatmeal soaps and baths can be soothing to irritated, itchy and inflamed skin. Sorbelene cream and soap is moisturising. To reduce itching try paw paw cream. Skin moisturising creams assist dry rash and cracked skin, particularly creams with 50% liquid and 50% paraffin wax, or creams containing chamomile (*Anthemis nobilis*), lavender (*Lavandula officinalis*) or calendula (*Calendula officinalis*). Adding a few drops of lavender, chamomile, calendula or apricot kernel oil to bath water can help soothe inflamed skin and/or improve the moisture content of dry skin. Decrease the frequency of bathing and lower the water temperature to help dry skin. Dry scalp can have many different causes and if it persists, your doctor or dermatologist should recommend appropriate treatment. Red Clover tea (*Trifolium pratense*) can soothe itching and irritation caused by eczema or psoriasis.

Gamma Linoleic Acid found mostly in Evening Primrose Oil (*Oenothera biennis*) can improve the symptoms of eczema and moisturise skin.

Lifestyle factors: Drink plenty of water to hydrate the body cells and give buoyancy to the skin. Fresh outdoor environments are generally beneficial to most skin conditions, but avoid over exposure to the sun. Wearing 100%

cotton clothing and underwear can be helpful. Try to avoid clothing made of synthetic fibres, which stops the skin from 'breathing' naturally. Some rashes which affect skin pigment in the skin can be made worse by excessive sun exposure. Daily sun exposure in the mid morning for a short period is beneficial to psoriasis.

If you have a boil or skin infection, maintain good hygiene and wash towels and other materials that come into contact with infected areas. A doctor should examine any skin infection that looks particularly aggressive, with a sample taken for culture. Because some skin infections, such as *Staphylococcus aureus*, are becoming increasingly [resistant](#) [2] HIV which has mutated and is less susceptible to the effects of one or more anti-HIV drugs is said to be resistant. to antibiotics, it is important that if you are prescribed antibiotics, the full course is taken to minimise resistance to the drug and provide a better chance of clearing any infection.

Medical & Drug Treatment

Treatment of rashes caused by drug reactions depends on the drug and the severity of the rash. Sometimes the drug may be reintroduced in slowly escalating doses. It is important to seek immediate medical advice if a rash develops soon after commencing a new drug. Some rashes may become life threatening.

Special Precautions & Considerations

- Severe open wounds should not be treated with Aloe vera directly. Seek a doctor's advice before use.
- Tea-tree oil can worsen wounds if applied directly. Seek a doctor's advice before use.
- If any widespread rash appears quickly, medical advice should be sought immediately. Only consider using supportive therapies for symptom relief after medical advice has been sought.
- Severe rash caused by HIV drugs may require use of the drug to be discontinued immediately. Mild reactions can sometimes resolve themselves, but your doctor will continue to assess and monitor your reaction during the first two to eight weeks of commencing HIV antiviral drugs known to cause severe rash. Never attempt to treat an emerging skin problem without first obtaining your doctor's advice.

[◀ Night sweats](#) [3][up](#) [4][Blood sugar changes](#) [▶](#) [5]

Links:

[1] <http://www.napwa.org.au/glossary/term/123>

[2] <http://www.napwa.org.au/glossary/term/109>

[3] <http://www.napwa.org.au/resource/managing-side-effects/night-sweats>

[4] <http://www.napwa.org.au/resource/managing-side-effects/managing-common-side-effects>

[5] <http://www.napwa.org.au/resource/managing-side-effects/blood-sugar-changes>