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Red fingers syndrome and HIV infection

An 18 month old female, with a history of perinatally acquired HIV infection, treated with estavudine, lamivudine and zidovudine, was CDC immunological category 3 (T CD4+ lymphocytes: 467/ μ l), clinical category 3 and had a viral load log₁₀ of 5.0. The child presented with painless erythematous lesions, which blanched under pressure, in the periungual and pulp areas of all fingers (fig 1). Skin biopsy showed dilated blood vessels in the upper dermis; no inflammatory cells were detected. Hepatic function was normal and the patient tested serologically negative for hepatitis B and C.

Many mucocutaneous changes and specific skin diseases are associated with HIV infection.^{1–3} Distal finger and toe redness is termed red finger syndrome and has been described in adult patients with HIV.^{4–5} Some of these patients were co-infected with hepatitis virus, mainly hepatitis C.⁵

Red finger syndrome is rare in children and consists of well-delineated erythema of the periungual and pulp areas, with occasional telangiectasia, on the fingers and/or toes. The lesion is painless with at least a 1 month evolution and the nail plate is normal.^{5–6} Histopathological studies have produced non-specific findings on an increased number of dilated blood vessels in the superficial dermis.^{5–7} The cause of this finger and toe redness remains unknown. Viral liver diseases and also the high viral load of HIV may play a role.⁸

Figure 1 Periungual erythema restricted to the distal parts of the fingers. Parental/guardian informed consent was obtained for publication of this figure.

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