ABSTRACT
Mites such as Demodex folliculorum and D. brevis are natural host of the human pilosebaceous follicle and are responsible for skin disorders like follicular pityriasis, papular and pustular eruptions of the scalp, acne rosacea etc. The highest concentration of the demodex is found in the cutaneous areas with more numerous sebaceous gland. Here we reported a case of demodicidosis in a HIV infected patient who responded with topical benzol peroxide treatment.

KEYWORDS
Demodicidious, AIDS

INTRODUCTION
The hair follicle mite demodex folliculorum and D. brevis are ubiquitous obligatory ectoparasites of man. They are cigar shape mites and are resident in human pilosebaceous follicles (nasolabial folds, nose, forehead and perioral region). The role played by demodex mites in the pathogenesis of the skin disorder is still debated. Demodicidosis include pityriasis folliculorum and rosacea like demodicidosis. Both the disorders were reported by Ayres and Ayres. Here we report a case of demodicidosis in a case infected with HIV.

CASE REPORT
A 35 year old male patient presented with an eruption on the face, neck ear lobules lasting for seven days. The patient was on antitubercular regimen since four months and a known seropositive for HIV antibodies since seven years.

On physical examination, isolated, slightly itching, erythematous, papules and papulopustues were shown on the face, forehead, ear lobules on the nape of neck and in lesser amounts on the shoulders.

The lesions were excluded for fungal and other similar lesions. Potassium Hydroxide Mount of the lesion showed numerous demodex mites, thus conforming the clinical hypothesis of demodicidosis. Histopathology of the lesion showed inflammatory reaction and presence of mite at the hair follicle.

The treatment with topical benzol peroxide was responsible for regression of the clinical features.

DISCUSSION
Even though demodex are obligatory ectoparasites of pilosebaceous follicles, they donot give rise to eruptive lesions in normal healthy individuals with good personal hygiene. Demodisidosis in patients infected with HIV is already reported in the relevant literature both in adults and in children. Most authors believe that the altered immune system favours the growth of this usually saprophytic agents so that the latter eventually causes a skin disorder. On the otherhand, some authors suspect an unusual hypersensitivity against the mite itself.

Bacterial, viral, mycotic infections as well as infestations with mite of scabies are much more frequently reported, however, even infestations with demodex should be considered in subjects with HIV infections.

REFERENCES


---

**ginette35**

Treats. Transforms.

**Ginette 35 in Acne**
- Rapid onset of action
- Reduces sebum production
- Definite healing of facial acne within 3-4 cycles

**Ginette 35 in Hirsutism**
- Cures mild to moderate hirsutism
- Improves severe hirsutism

**Ginette 35 in Androgenic Alopecia**
- Reduces hair shedding and thinning
- Restores thicker hair