

## False Diagnostics of Some Skin Diseases as a Result of the Impact of Viral Infections

Ylfete Shatri Mucaj<sup>1\*</sup> and Gentianë Mucaj Brahimaj<sup>2</sup>

<sup>1</sup>Dermatologist and Clinical Pharmacologist, "GENTIANA- GreLorGen" Clinic, Prishtina, Kosova University Clinic Center in Prishtina, Kosova

<sup>2</sup>Resident of Dermatology in CCUK, Kosova

**\*Corresponding Author:** Ylfete Shatri Mucaj, Dermatologist and Clinical Pharmacologist, "GENTIANA- GreLorGen" Clinic, Prishtina, Kosova University Clinic Center in Prishtina, Kosova.

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### Abstract

Retrospective research and treatment.

Time period: year 2015/2016.

Patients N.N. male, born in 1966 from Prishtina, is presented in the specialist ambulance at KDV in UCCK, due to numerous concerns and changes in the skin and with a host of medical documentation.

He was especially referred to me, due to my specialization as a Clinical Pharmacologist and my experience with both specializations, by some colleagues of other specialist profiles.

Suffered from: Xeroderma Q 82.1, St. post OP MM C 43.9, Keratosis seborrhoica L 87.0; Seborrheic dermatitis and seborrheic verrucae; Actinic keratosis.

There was a voluminous dossier, approximately 4 - 5 years old.

His main concern was because he had realized: "that there were metastases in the lungs and lymph glands enlarged in the region of the neck and axilla".

He also had CT of the lungs, where he had described lymph nodes 12 - 13 mm in size, which are associated with defects, as well as on palpation those in the neck and axillary the size of a hazelnut. It was treated with DTIC according to the protocol for MOE as well as radiation (one year ago).

Based on the clinical picture and anamnesis I asked for blood tests and some microbiology.

I described the prescription with magistral preparations for local treatment, only Vitamin C eferveta or oribleta 1000 mg per day and Vit B6 tablet 100 mg per day and asked for re-examination with the results of the analysis for modification of therapy.

In the re-examination there were many positive test results, which I had requested: among them; positive viral serological tests: CMV, HSV1, HSV2 and EBV in IgG but at values many times higher than the reference. Increased CRP; Feces in positive mycotic field, mass of Candida spp; Low Vit D, low Magnesium; Zinc in normal minimum values; Low folic acid; Total proteins along with low albumin etc.

I prescribed antiviral therapy (with Acyclovir) and antifungal therapy with antifungals (Fluconazole), vitamins, diet and other supplements.

After an extended period of time due to systemic multitherapy, cryotherapy and local therapy the patient was satisfied and with him we as medical staff.

Initially, emotion and psychic relaxation, because the patient in question, had no metastases, but also problems - the clinical picture changes for the better in every aspect.

Conclusion: From this case and many, many other similar cases, in my experience as a clinician, we understand that in Medicine 1 + 1 never makes 2.

Patience to listen to the patient and a good anamnesis is 90% of the correct diagnosis.

The combination of the required analyzes, based on the anamnesis and clinical picture, enable us to eliminate many differential dg, which are very similar to each other.

As well as the main thing: high values of antibodies in IgG in viral serological tests should be treated with antiviral anyway.

**Keywords:** MM; Viral Infection; Anamnesis; Metastasis; Lymphatic System; Therapy; Clinical Picture; Diagnosis; Magistral Preparations

### Introduction and Case Representation

Before elaborating on our case, we are presenting a brief summary about the main subject - viruses.

#### Virus-Morphology, structure

As we all know, A virus is a submicroscopic infectious agent that replicates only inside the living cells of an organism. Viruses are found in almost every ecosystem on Earth and are the most numerous types of biological entity.

Transmission of viruses can be vertical (which means from mother to child, through transplacental transmission) or horizontal (which means from person to person, e.g. when aerosols containing viruses are inhaled, when body fluids are exchanged during sexual activity, by exchange of saliva or when contaminated food or water is ingested etc.) [1].

When infected, a host cell is forced to rapidly produce thousands of copies of the original virus. But when not inside an infected cell or in the process of infecting a cell, viruses exist in the form of independent particles, or virions, consisting of 1. the genetic material (i.e. long molecules of DNA or RNA that encode the structure of the proteins by which the virus acts), 2. a protein coat, the capsid (which surrounds and protects the genetic material; and in some cases), and 3. an outside envelope of lipids.

Even though viruses lack the key characteristics that are generally deemed to be necessary criteria for defining life, such as cell structure, they' (viruses) are considered by some biologists to be a life form, because they carry genetic material, reproduce, and evolve through natural selection.

Viral populations do not grow through cell division, because they are acellular. Instead, they use the machinery and metabolism of a host cell to produce multiple copies of themselves, and they assemble in the cell. Viruses are unable to generate energy [2]. As obligate intracellular parasites, during replication, they fully depend on the complicated biochemical machinery of eukaryotic or prokaryotic cells. The main purpose of a virus - is to deliver its genome into the host cell to allow its expression (transcription and translation) by the host cell.

The range of structural and biochemical effects that viruses have on the host cell is extensive. These are called 'cytopathic effects'. Most virus infections eventually result in the death of the host cell which usually is caused by cell lysis, alterations to the cell's surface membrane and apoptosis. The distinction between cytopathic and harmless is gradual. Some viruses, such as Epstein-Barr virus [3], can cause cells to proliferate without causing malignancy, while others, such as papillomaviruses, are established causes of cancer.

On the other hand, some viruses cause no apparent changes to the infected cell [4]. Cells in which the virus is latent and inactive show few signs of infection and often function normally. This causes persistent infections and the virus is often dormant for many months or years. This is often the case with herpes viruses.

### Case Report and Discussion

In our case, we have untreated viral infections, occurring in a latent state but affecting the reduction of immunity since their values were enormous.

Male patient N.N. (R.A.) born on 05.06.1966 in Prishtina, presented to me, in the specialist ambulance of KDV in UCCK, due to numerous concerns and changes in the skin and with a host of medical documentation.

He was especially referred to me, due to my specialization as a Clinical Pharmacologist and Dermatovenerologist and my experience with both specializations, by some colleagues of other specialist profiles.

Suffered from: Xeroderma Q 82.1; St. post OP MM C 43.9; Keratosis seborrhoica L 87.0; Dermatitis seborrhoica L 21.9; Verrucae seborrhoica B07.9; Actinic keratosis L57.

There was a voluminous dossier, approximately 4 - 5 years old.

His main concern was because he had realized: "that there were metastases in the lungs and lymph glands enlarged in the region of the neck and axilla".

He also had CT of the lungs, where he was described as lymph nodes 12 - 13 mm in size, which are associated with metastases, as well as on palpation the glands in the neck and axillary the size of a hazelnut.

By Melanoma Malignum MM C43.9 was operated on in 2013, but at the same time there were other accompanying skin diseases.

He was treated with DTIC (Dacarbazine) according to the protocol for MM as well as radiation (one year ago).

Based on the clinical picture and anamnesis I asked for:

- Serological analysis: Blood count, Leukocyte count, Hepatogram, Transaminases, CRP, SE, Proteinogram, Fibrinogen, LDH, ALP, Vitamin D, Vitamin B12, Total Ca, Ionized Calcium, AFP, CEA and Viral serological tests for HSV1, HSV2, CMV and EBV only in IgG fraction, or according to the material possibilities I suggested to make the IgM fraction as well.
- Microbiological analysis: Sputum tested for fungal infections, Stool test for fungal infection 1x, tongue swab in mycotic field.

I described the prescription with magistral preparations for local treatment and proposed treatment with cryotherapy for keratoses and seborrheic verruca 1x per week and only Vitamin C eferveta or oribleta 1000 - 2000 mg per day and Vitamin B6 tablet a 100 mg per day and asked for re-examination with the results of tests for modification of therapy.

After 10 days the patient had completed the results of the required tests, which had resulted: Feces in mycotic field (after 72 hours of incubation) positive: mass of *Candida albicans* and spp colonies; String of tongue and sputum in mycotic field: positive: plenty of *Candida albicans* colonies; Hepatogram, transaminases, CRP, SE, Proteinogram, SE, Fibrinogen, LDH, ALP, Total and ionized Ca, Year B12, AFP, CEA in normal reference values, HSV2 in IgG and IgM; HSV1 in IgM, CMV in IgM; EBV in IgM - Negative.

Hemograms: Erythrocytes ↓ 3500 (v.r. m. 4500 - 5800); Hgb ↓ 110 (v.r. 120 - 180); Htc ↓ 30 (v.r. 38 - 50); Leukocyte formula: Leukocytes ↑ (12 000 (vr 3500 - 10,000); Increased lymphocytes ↑ 55 (vr 20 - 40%); Increased monocytes ↑: 19 (vr 1.0-15%); Neutrophils ↓ 26 (vr 50- Platelets: at normal minimum values: 105 (vr 100 - 400); Low Vitamin D ↓ 12.0 (vr 30 - 100 normal. Over 100 toxic); HSV1 in high IgG positive: > 200 (vr < 20.0 neg > 25.1 pos); EBV in IgG positive: 324 (vr < 20.0 neg > 25.1 pos); CMV in high IgG positive > 500 (vr: < 0.90 neg > 1.11 pos).

Based on the results of the analysis, I described the systemic therapy according to the protocol:

1. Fluconazole caps a 200 mg weekly storage dose [5].
2. B-complex drug 2 x 1 as liver protection.
3. Aciclovir tablet 800 mg.
4. Pronison tablet a 20 mg 1 + 0 + 0 (from 07: 00-09: 00 after meals) 7 days.

5. Ranital (Ranitidine) table 150 mg 2x1 15 minutes before meals 3 weeks or as needed.
6. Vitamin D tablet a 2000 UI 1x2 = 4000 UI at 17:00 a month, then 1x1 = 2000 UI another month.
7. Vitamin C eff.
8. Vitamin B6 table 50 mg.
9. Silymarin caps.
10. Origano caps.

**As well as nutrition tips**

Dietary diet Foods rich in fluids and proteins are preferred, and also to avoid the consumption of sweets and carbohydrates.

Consume as much Origano in food or even Origano caps 2x1 a month or 2 months or Oregano tea (in 250 ml of water add a tablespoon of dried oregano - boil - wait 10 minutes then drain, if desired add lemon and drink before or after each meal from a small cup) or even oregano oil from 3 - 4 drops after or before each meal.

I advised him to repeat the positive viral serological tests at least 4 weeks after the end of the last dose with Aciclovir: HSV1, EBV and CMV on IgG, and the microbiological tests after 10 days from the end of the last dose with Fluconazole, including Vitamin D and hepatogram with transaminases, urea and creatinine.

Repeated positive test results after 4 weeks break from the end of antiviral therapy, were with lower reference values for 30 - 70%. Thus, we continued for up to 3 cycles, and at the end the viral values in IgG were slightly increased (not more than 1/3 of the reference value) 5 - 6 mm.

Viruses Positive in IgG fraction	Values Before Antiviral Treatment	Reference Value	Values After Antiviral treatment	Reference Value
EBV	324	< 20.0 negative > 25.1 positive	57	< 20.0 negative > 25.1 positive
CMV	> 500	< 0.90 negative > 1.11 positive	1.8	< 0.90 negative > 1.11 positive
HSV 1	> 200	< 20.0 negative > 25.1 positive	17.3	< 20.0 negative > 25.1 positive

**Table 1:** Comparative table of positive values of viruses in IgG fraction before and after 3-cycle treatment with antiviral and adjuvant therapy.

	Before Treatment	After treatment
Dimensions of lymphatic nodes	12 - 13 mm	5 - 6 mm

**Table 2:** Comparative table for dimensions of lymphatic nodes before and after 3-cycle treatment with antiviral and adjuvant therapy.

### Conclusion

From this case and many, many other similar cases, in my experience as a clinician, we understand that in Medicine 1 + 1 never makes 2.

Patience to listen to the patient and a good anamnesis is 90% of the correct diagnosis. Considering that viruses always attack the white component of the blood and not the red one, the lymph glands in every part of the body also grow, especially those in the lungs, the combination of the required analyzes, based on the anamnesis and clinical picture, enabled us to eliminate many differential dg, which are very similar to each other:

As well as the main purpose: Positive high values of viruses in IgG fraction should be treated with antiviral anyway, so that we can regain our immunity.

In our case, the patient had a lot of different infections (viral and fungal) and this led to immune deficiency. He had to be treated with antiviral, so that his immune system would recover, the lymph nodes would shrink and he would not have to be treated chemotherapy and would be spared from its side effects.

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