

Antiretroviral drugs and therapy of the skin

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SUMMARY

The highly active antiviral therapy (HAART) has dramatically improved the prognosis of *Human immunodeficiency virus* infections. This therapy includes representatives of all the three main groups of antiviral drugs: Nucleoside Reverse Transcriptase Inhibitors (NRTIs), Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs) and Protease Inhibitors (PIs).

These drugs may cause serious side effects, especially in patients with impaired laboratory tests. Interactions with other drugs and various disturbances of metabolism are not rare. Clinicians should be familiar with the possible complications and use such drugs carefully.

KEY WORDS

HIV infection, nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, protease inhibitors, side effects, drug reactions

Introduction

Highly active antiretroviral therapy (HAART) has dramatically improved the prognosis of HUMAN IMMUNODEFICIENCY VIRUS (HIV) disease, therefore AIDS case reports and AIDS deaths have been reduced in industrialized countries with the introduction of multidrug combination regimens (1).

These drugs may cause some serious side effects and may interact with an important number of medicines. To minimize potential problems, the clinician should consider clinical issues such as drug toxicity, laboratory abnormalities and drug interactions between antiretroviral regimens and other agents that often require dose modification or substitution of various drugs (2).

Dermatologists play a critical role in the physical examination of HIV-positive individuals because manifestations on the skin and mucous membranes occur in up to 90% of patients infected with the HIV. Skin diseases in the HIV-infected patient are important even though some disorders have decreased in incidence or have experienced complete remission following initiation of HAART. Mucocutaneous disorders can create both physical and psychological morbidity and mortality, for this reason they require adequate treatment (3).

Dermatologists should be familiar with the current knowledge of antiretroviral drugs and their interactions with different medicines used frequently in management of mucocutaneous disorders.

