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AUTOIMMUNITY AND AIDS
A COMMENTARY

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Immunoactivation may be an important factor in AIDS (Roth, 1993; Naidu, Rosen *et al.*, 1994), possibly predisposing selected individuals to the development of Kaposi's sarcoma (Ensoli, Barillari *et al.,* 1992; Schwartz, 1996). HIV infection alters epidermal cell function, with production of cytokines such as IL-1, IL-6, IL-8 and tumor necrosis factor-α (Berger, Kappus *et al.*, 1992). HIV infection has been shown to produce changes suggestive of systemic lupus erythematosus clinically (Prokop, 1995). AIDS patients may develop auto-antibodies against cell surface antigens/receptors (De Bracco, Borda *et al.*, 1993; Root-Bernstein, 1995; Süsal, Kropelin *et al.*, 1993), perhaps accounting for our observations.

It has also been noted by us and others that the fluorescent pattern seen with renal biopsy specimens frequently simulates that of systemic lupus erythematosus (Connor, Gupta *et al.*, 1988). We have also observed a parallel pattern with regard to our skin biopsy specimens. The immunofluorescent testing service at our institution has handled both skin and renal biopsy specimens for over two decades. Many of our patients have been shown to have AIDS. We have found that the incidental finding of a linear basement membrane staining pattern consistent with systemic lupus erythematosus (a lupus band test) was seen at a higher incidence in patients with AIDS than in our controls. The type of immunoglubulin was variable, weakly staining for IgG, but also for IgM, and IgA, and occasionally complement or for IgG or IgM alone. We now look at an otherwise unexplainable positive lupus band test as a possible sign of AIDS.

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