We have not found reports of DF with cholesterol deposits in a patient with HIV infection in the literature. Interestingly, seropositive patients frequently present both DFs and dislipidemia, and we therefore consider that the association we describe here is not due to chance. The term multiple eruptive DF is used to define the appearance of 5 to 8 lesions within the space of 4 months. They usually occur in patients with autoimmune diseases, particularly systemic lupus erythematosus on treatment with immunosuppressant drugs, hematological tumors, organ transplant, immunodeficiencies (HIV), and patients with Down syndrome, but are also seen in healthy individuals. In some patients with HIV infection, the lesions develop after starting combination antiretroviral therapy. That treatment has been associated with a wide range of metabolic syndromes, such as peripheral lipodystrophy, dislipidemia, and insulin resistance. Dyslipidemias are common in the patients on antiretroviral treatment and present with different frequencies according to the drug used, and include isolated or combined elevations of the triglycerides and total cholesterol, with variable changes in the low and high density lipoproteins.

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Conflicts of Interest
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References
one side is advanced to a distance of about 0.5 cm, while the skin on the other side is resected by the same amount, allowing reconstruction to be performed with an overlap of the 2 borders (Figure 2). This reinforcement of the edge of the scar prevents a postsurgical notch from appearing (Figure 3). The wound is closed by tissue planes.

In conclusion, we describe a modification of the classic wedge that simply and effectively avoids the formation of an antiesthetic notch on the free border of the ear.

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