

Multiple opportunistic infections in HIV

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Abstract

Objective Infection with HIV results in progressive depletion of the CD4 T-lymphocytes and the development of multiple opportunistic infections (OI) which is serious cause of concern with regards to the outcome.

Methods and Results (Case Report) A 29 year old female was admitted with drowsiness and right sided hemiparesis, incontinence of bladder, partial seizure and bloody diarrhea. On examination: Mild pallor, GCS 8/15 (E2V2M4), BP-100/70, pulse-70, RR-24/min, neck rigidity present, plantar bilateral flexor, pupil bilateral mid-dilated, reacting to light, muscle tone increased, power diminished (3/5) and jerk brisk on the right side compared to the left. Perianal vesicular lesions with satellite ulcerations and discharge were present. HIV ELISA was positive. CD4 count was 3(1%). MRI brain showed periventricular hyperintensities, focal demyelination with diffuse edema suggestive of encephalopathy. CSF study revealed raised pressure, lymphocytosis, borderline high ADA and high protein with negative CBNAAT. Both Toxoplasma IgG (4+ in 1:64 dilution) and serum CRAG (4+ in 1:32 titer) were positive in high titer. The same patient had evidence of five OI – CNS (toxoplasmosis, cryptococcosis, and tuberculosis), anogenital herpes along with bloody diarrhea for longer than 1 month. She was treated with amphotericin B, cotrimoxazole, acyclovir, ciprofloxacin along with empirical ATD and corticosteroid. Patient improved partially and is now on maintenance therapy.

Conclusion Occurrence of multiple AIDS defining OIs in single HIV-infected individual in this report highlights the need for early screening to improve decisions regarding prophylaxis and appropriate therapy. Every immune-compromised patients with low CD4 count should be searched for multiple OI.