

Abstract

Human Immunodeficiency Virus (HIV) infection is a global epidemic which targets human immune system, leading to acquired immunodeficiency syndrome (AIDS). The diagnosis of AIDS is depending on specific immune system status measured by cluster of differentiation 4 cell (CD4) count and occurrence of certain infections or cancers. Opportunistic infections are the leading cause of death in HIV infected patients where we have highly active antiretroviral treatment (HAART) as definitive treatment for HIV. Prognosis depends on the type of opportunistic infection. Even with treatment they may cause serious morbidity and mortality. We are reporting a case of a 50-year-old HIV infected patient who had a recent history of Pneumocystis pneumonia with initial CD4 count of $16 /\text{mm}^3$, presenting with focal neurological signs. MRI brain shows bilateral ring enhancing lesions & serology was positive for toxoplasma antibodies to confirm the diagnosis of cerebral toxoplasmosis. He also had Kaposi sarcoma, Herpes simplex infection and oral candidiasis. He had been started on appropriate antiretroviral treatment with sulfasalazine plus trimethoprim, antivirals, and anti-fungal medications. It is very rare to see multiple opportunistic infections in a single individual and it highlights the significance of this case with regards to implementation of management strategies