

Abstract

Toxoplasma gondii is one of the commonest opportunistic infection which is described to occur in the advanced stages of HIV infection especially when CD4 count is less than 50 cells/ mm³.

The clinical symptoms of T. gondii infection are nonspecific and unreliable for diagnosis.

A 43 years old previously healthy patient admitted with progressively worsening headache for two weeks . Subsequently she was diagnosed with retroviral infection with neurotoxoplasmosis . Her CD4 count was 24 cells/mm³. Her serology was positive for both toxoplasma IgG and IgM antibodies.

The clinical imaging and serological investigations are essential for the diagnosis of cerebral toxoplasmosis as there are common mimics such as CNS tuberculoma and lymphoma . Certain imaging findings aid to differentiate toxoplasmosis from CNS tuberculoma and CNS lymphoma especially when serological testing is delayed.