

Abstract

Cryptococcal infection is a serious opportunistic infection in HIV resulting in major cause of mortality. Meningoencephalitis is the most common manifestation but could be complicated with disseminated disease especially when CD4 count is <50 cells/ μ L. We report a case of Disseminated cryptococcal infection presenting with renal and hepatic impairment and Rhabdomyolysis. A 27 year old patient with high risk sexual behavior presented with fever and headache. On examination patient had cervical lymphadenopathy and oral candidiasis. Patient was suspected to have meningitis and CSF studies done. CSF revealed low sugar & a moderately elevated protein without pleocytosis. Cryptococcal meningitis was confirmed with positive India ink stain, Cryptococcal Ag test & culture. Serum cryptococcal Ag was also positive in our patient. Screening and confirmatory tests for HIV were positive. CD4 count was 8 cells /microliter. MRI brain didn't reveal any abnormality. Patient was commenced on IV Liposomal Amphotericin and Oral Fluconazole. Meanwhile he developed respiratory distress due to disseminated cryptococcal infection. Following treatment initiation patient was complicated with renal and hepatic impairment with Rhabdomyolysis. Above complication was attributed either to disseminated disease or drug side effect.