

# A unique case of 4 gastrointestinal opportunistic infection in acquired immunodeficiency syndrome (AIDS) patient

Ibrahim A<sup>1</sup>, Abdul Hafidz MI<sup>1</sup>, Abu Bakar NA<sup>2</sup>, Mohd Noor N<sup>3</sup>, Mohd Noh R<sup>1</sup>

<sup>1</sup>University Teknologi MARA, Department of Internal Medicine, Selangor, Malaysia, <sup>2</sup>Universiti Teknologi MARA, Department of Medical Microbiology and Parasitology, Selangor, Malaysia, <sup>3</sup>Universiti Teknologi MARA, Department of Pathology, Selangor, Malaysia

## ABSTRACT

**Introduction:** Gastrointestinal infections are one of the most common opportunistic infections in human immunodeficiency virus (HIV) patients. It is caused by a wide range of microorganisms. Early antiretroviral therapy (ART) has reduced the overall incidence of opportunistic infections, but it remains the leading cause of morbidity and mortality among patients with late HIV diagnosis and ART-naive individuals. We present a case of a newly diagnosed AIDS patient who had four gastrointestinal opportunistic infections. **Case report:** A 40-year-old newly diagnosed with AIDS presented with diarrhoea, low-grade fever and significant constitutional symptoms for 1 month. He had a history of swimming in the river prior to his illness. On clinical examination, he was cachexic with oral thrush and multiple cervical lymphadenopathies. A microscopic examination of the stool revealed *Cytoisospora belli*. He was treated with trimethoprim/sulfamethoxazole for 10 days and discharged well. After a week, he was admitted for persistent diarrhea and a high-grade fever. Microsporidium was detected on stool examination under microscope. A colonoscopy was performed and showed normal colonic mucosa. Hematoxylin and eosin (H&E) stain of colon biopsy specimen showed intracytoplasmic inclusion bodies with typical 'owl's eyes appearance' suggestive of cytomegalovirus colitis. An acid-fast bacilli stain was also positive. The patient was treated for AIDS with four gastrointestinal infections and was started on intravenous ganciclovir and anti-tuberculosis. Antiretroviral therapy was initiated at 2 weeks of ganciclovir. He recovered and was discharged well with follow-up at the clinic. **Conclusion:** This case illustrates the importance of considering multiple opportunistic infections by various pathogens that may confound clinical presentation, investigation, and management. The clinician should consider other differential diagnoses if the patient failed earlier treatment and decide the best diagnostic and management strategies for a better treatment outcome.