

# Newly Diagnosed Severe AIDS with Recovery of CMV Retinitis with concurrent Cryptococcal Meningitis

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**Keywords:** HIV, AIDS, Cryptococcus Meningitis, CMV Retinitis

Published: 14 December 2023

**Background:** With modern medicine, human immunodeficiency virus (HIV) has become easily manageable for patients and the feared complication of acquired immunodeficiency syndrome (AIDS) has become relatively uncommon. This condition leads as a pathway to multiple illness not commonly seen in healthy individuals, including but not limited to pneumocystis pneumonia, disseminated histoplasmosis, cytomegalovirus infections, and extrapulmonary cryptococcosis. When these patient are critical ill, communication can be limited by pain, delirium, and intubation, which severely limits our ability to evaluate patients.

**Case Report:** Our patient presented to the hospital with generalized fatigue and shortness of breath. Further workup revealed severe HIV with CD4 count being < 50. Follow up CT Chest was initially concerning for pneumocystis pneumonia which was later ruled out with a bronchoscopy lavage. Lumbar puncture revealed cryptococcus meningitis and fundoscopic exam revealed findings consistent with CMV retinitis. In our patient, intubation for repeat lumbar punctures provided a barrier to the patient's communication and led to progressing CMV retinitis that briefly led to full loss of vision. Patient was appropriately treated with antifungals and antivirals throughout the hospital course.

**Conclusion:** With modern medicine, new onset HIV presented with an AIDS defining illness is exceedingly rare. With cryptococcus meningitis, the prolonged lumbar punctures and variable septic like presentation likely leads to intubation. This case cements why broad treatment and prophylaxis is important in individuals that are immunocompromised, specifically in the population of severe HIV and AIDS.