**SIMULTANEOUS CRYPTOCOCCAL AND TOXOPLASMA INFECTIONS IN NEWLY DIAGNOSED AIDS PATIENT**

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**INTRODUCTION**: Opportunistic CNS infections are common in AIDS but being infected with cryptococcal and toxoplasmosis simultaneously is rare. According to a case report in 2018, there had only been 3 cases of dual infection reported in literature so far.1

**CASE REPORT:** We are presenting a case of a 50-year-old Hispanic male who was newly diagnosed with HIV complaining of drastic weight loss, mild intermittent fever, and oral candidiasis. In addition to chronic alcohol use, he was diagnosed with COVID-19 at the time of presentation. He appeared disorientated and cachexic with CD4 counts, 26. As a part of initial workup, his serum cryptococcal Ag was positive, 1:160 titer and so was toxoplasma IgG. Although lumbar puncture was planned to rule out CNS cryptococcal infection, CT head showed a space occupying lesion (SOL). However, he was asymptomatic for meningeal irritation as well as SOL. Due to his low CD4 counts, brain biopsy was done to rule out CNS lymphoma and infectious etiology. It showed toxoplasmosis with chronic inflammation and prominent necrotic tissue, negative for malignancy. ART was given together with toxoplasma and cryptococcal treatment. He gained weight and showed improvement of symptoms over 2 months of period.

**DISCUSSION**: In our case, the patient did not have any typical signs of both cryptococcosis and toxoplasmosis. This case emphasizes the importance of checking serum cryptococcal antigen and CNS toxoplasmosis, even in asymptomatic AIDS patients with CD4 < 50.

**REFERENCE**

1. Gonzales Zamora, Jose. (2018). Dual infection of the central nervous system caused by Cryptococcus and Toxoplasma in a patient with AIDS: a case report and literature review. Acta clinica Belgica. 73. 10.1080/17843286.2018.1457761.

**CONTENT CATEGORY:** Patient care

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