An individual around 60 years old living in a rural area in the southeastern US was hospitalized because of altered mental status, fever, flaccid paralysis of all extremities, and respiratory failure with lower lobe nodules and a left lower lobe infiltrate. They had a history of porphyria with polyneuropathy, alcohol use disorder, and a recent diagnosis of hyper-IgE syndrome, for which they received oral prednisone before admission to the hospital. Bronchoalveolar lavage revealed S stercoralis, Aspergillus fumigatus, Candida spp, and Pseudomonas aeruginosa. They were treated with broad-spectrum antimicrobials but remained neurologically vegetative until their death. An autopsy revealed disseminated aspergillosis and candidiasis without ocular involvement and disseminated strongyloidiasis involving the lungs, liver, pancreas, colon, appendix, and kidneys, with numerous parasites accompanied by lymphocytes, plasma cells, macrophages, and numerous eosinophils. The posterior choroid of the right eye had a focal eosinophil-rich inflammatory infiltrate with a cross-section of a possible degenerating larva5 and a coiled, incompletely sectioned S stercoralis filariform larva in a medium-caliber choroidal artery . The posteronasal left choroid had a focal eosinophil-rich inflammatory infiltrate, but no larvae were identified.