

## **Patient seven details**

### **History of Present Illness**

The patient reported low-grade intermittent fever associated with night sweats and anorexia. He noticed progressive weight loss and fatigue. Chronic cough was nonproductive and not associated with hemoptysis. Oral pain and difficulty swallowing developed later. The patient admitted to multiple unprotected heterosexual contacts during long-distance travel.

### **Past History**

- No previous tuberculosis treatment
- No blood transfusions
- No intravenous drug use

### **Personal and Sexual History**

- Multiple sexual partner
- Inconsistent condom use
- Alcohol consumption: occasional

### **Family History**

- Wife is asymptomatic
- Two children, health status unknown

### **Examination**

#### **General Examination**

- Thin built, BMI: 17.8 kg/m<sup>2</sup>
- Pallor present
- Oral thrush with ulceration
- Generalized lymphadenopathy

#### **Vital Signs**

- Temperature: 99.9F
- Pulse: 96/min
- BP: 110/70 mmHg

#### **Systemic Examination**

- Respiratory system: Bilateral crepitations in upper lung fields
- Abdomen: No hepatosplenomegaly

- CNS: No focal neurological deficits

## INVESTIGATIONS

### Result

Hemoglobin	9.2 g/dL
Total leukocyte count	3,200 /mm <sup>3</sup>
Platelets	1.4 lakh/mm

- ESR: Elevated
- LFT- within normal limits
- RFT- within normal limits

### HIV Testing

- HIV-1 & 2 antibodies (3 rapid tests): Positive
- CD4 count: 82 cells/uL
- HIV viral load:  $1.2 \times 10^5$  copies/mL

### Opportunistic Infection Work-Up

- Sputum CBNAAT: Positive for Mycobacterium tuberculosis
- Chest X-ray: Bilateral upper lobe infiltrates
- Oral scraping (KOH): Candida albicans