

## **Final Diagnosis**

HIV infection with AIDS (CD4 <200 cells/uL) complicated by pulmonary tuberculosis and oral candidiasis

### **Treatment**

- Opportunistic Infection Management
  - Pulmonary TB:
    - Standard ATT as per NTEP guidelines
  - Oral candidiasis:
    - Fluconazole 100 mg orally once daily for 14 days
- Antiretroviral Therapy (ART)
  - Initiated after stabilization:
  - First-line ART regimen (NACO):
    - Tenofovir (TDF) 300 mg
    - Lamivudine (3TC) 300 mg
    - Dolutegravir (DTG) 50 mg (Once daily fixed-dose combination)
- Prophylaxis
  - Co-trimoxazole prophylaxis for *Pneumocystis jirovecii* pneumonia (PCP)

### **Course of the Disease**

Continuation of the treatment for 6 months.

Follow up after 6 months or SOS if the symptoms deteriorate.

Counselling Provided

### **Pre- and Post-Test Counselling**

- Nature of HIV infection explained
- Emotional support provided
- Addressed stigma and fear

### **ART Adherence Counselling**

- Importance of lifelong therapy
- 95% adherence emphasized
- Side effects and management discussed

### **Prevention Counselling**

- Consistent condom use
- Avoidance of sharing needles
- Safe blood practices

#### **Partner and Family Counselling**

- Spouse advised HIV testing
- Children advised early infant diagnosis
- Couple counselled regarding prevention of transmission

#### **Nutritional and Psychosocial Counselling**

- High-protein, calorie-rich diet
- Stress management
- Linkage to local ART center and support groups

#### **CONCLUSION**

Advanced HIV infection often presents with opportunistic infections due to severe CD4 depletion. Early diagnosis, prompt treatment of opportunistic infections, and timely initiation of ART are crucial for immune recovery. Counselling is integral to management, ensuring adherence and preventing further transmission.