OPPORTUNISTIC INFECTION IN HIV: CHALLENGES IN MANAGEMENT

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Managing opportunistic infections (OIs) in people living with HIV (PLHIV) remains a critical challenge, as illustrated by 1,759 PLHIV at the Infectious Disease Hospital, Dhaka (2001–2025), where mortality was 9.5% versus 18.6% nationally. The spectrum includes disseminated tuberculosis (splenic abscess, recurrent abscesses, *Tuberculosis verrucosa cutis*), histoplasmosis, ocular/cerebral toxoplasmosis, post-kala-azar dermal leishmaniasis, and molluscum contagiosum. Key challenges are atypical OI presentations unresponsive to standard antimicrobials, limited diagnostics (CD4, viral load, mycobacterial/fungal cultures, biopsy), and stigma causing delayed linkage to care—patients refused surgical drainage or transferred without CSF studies. Management complexity increases with coinfections requiring nuanced ART timing: for TB meningitis, ART should start once meningitis is under control (2–4 weeks after TB treatment and steroids), not immediately; for cryptococcal meningitis, ART is recommended 2–4 weeks after antifungal induction, provided intracranial pressure is controlled and CSF cultures negative. Drug-drug interactions further complicate care—rifampin reduces dolutegravir (DTG) levels, requiring DTG twice daily during active TB treatment or once daily with 3HP for latent TB, while bictegravir/FTC/TAF twice daily with rifampin shows high efficacy. Alternatives like boosted protease inhibitors require rifabutin substitution. Antimicrobial resistance in concurrent STIs (e.g., reduced ceftriaxone susceptibility in *Neisseria gonorrhoeae*) adds another layer. Without integrated, stigma-free diagnostic algorithms, expanded laboratory capacity, knowledge of ART-OI timing, and management of drug interactions, preventable OI mortality will persist. Treating HIV as an immunocompromised state like any other, with timely biopsy, culture, and adherence support, is essential.

Keywords: Opportunistic infections (HIV), Antiretroviral therapy interactions, Advanced HIV disease

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