



# Double IRIS in HIV/AIDS: The Intersection of Immune Reconstitution and Health Disparities

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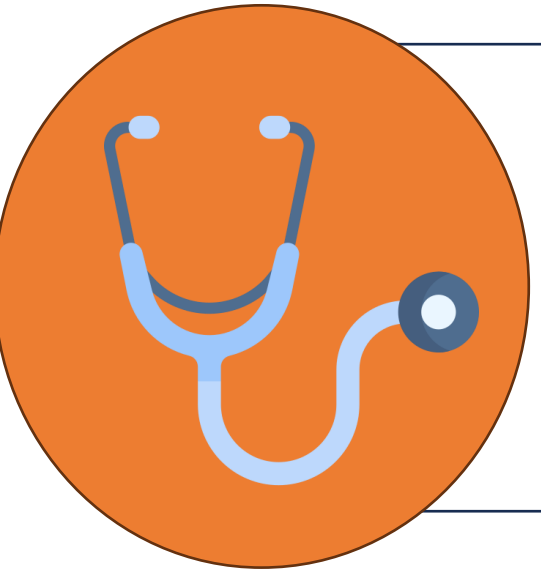
## INTRODUCTION



Immune reconstitution inflammatory syndrome (IRIS) is a **known complication after ART initiation** in advanced HIV that **occurs in up to 25% of patients**.



IRIS can present in two forms:  
- **Unmasking IRIS**: flare-up of an undiagnosed infection.  
- **Paradoxical IRIS**: worsening of a treated infection.



**Double IRIS is rarely reported in the literature.** Early recognition is essential, as delayed diagnosis can be life-threatening.



Social determinants such as stigma, access to care, and **healthcare disparities worsen HIV outcomes**.

## CASE PRESENTATION

A 26-year-old Latino male, recent immigrant, MSM, self-pay, not on PrEP, diagnosed with HIV/AIDS during hospitalization for a perineal abscess.

Initially disengaged from care due to stigma; re-admitted weeks later with respiratory symptoms.

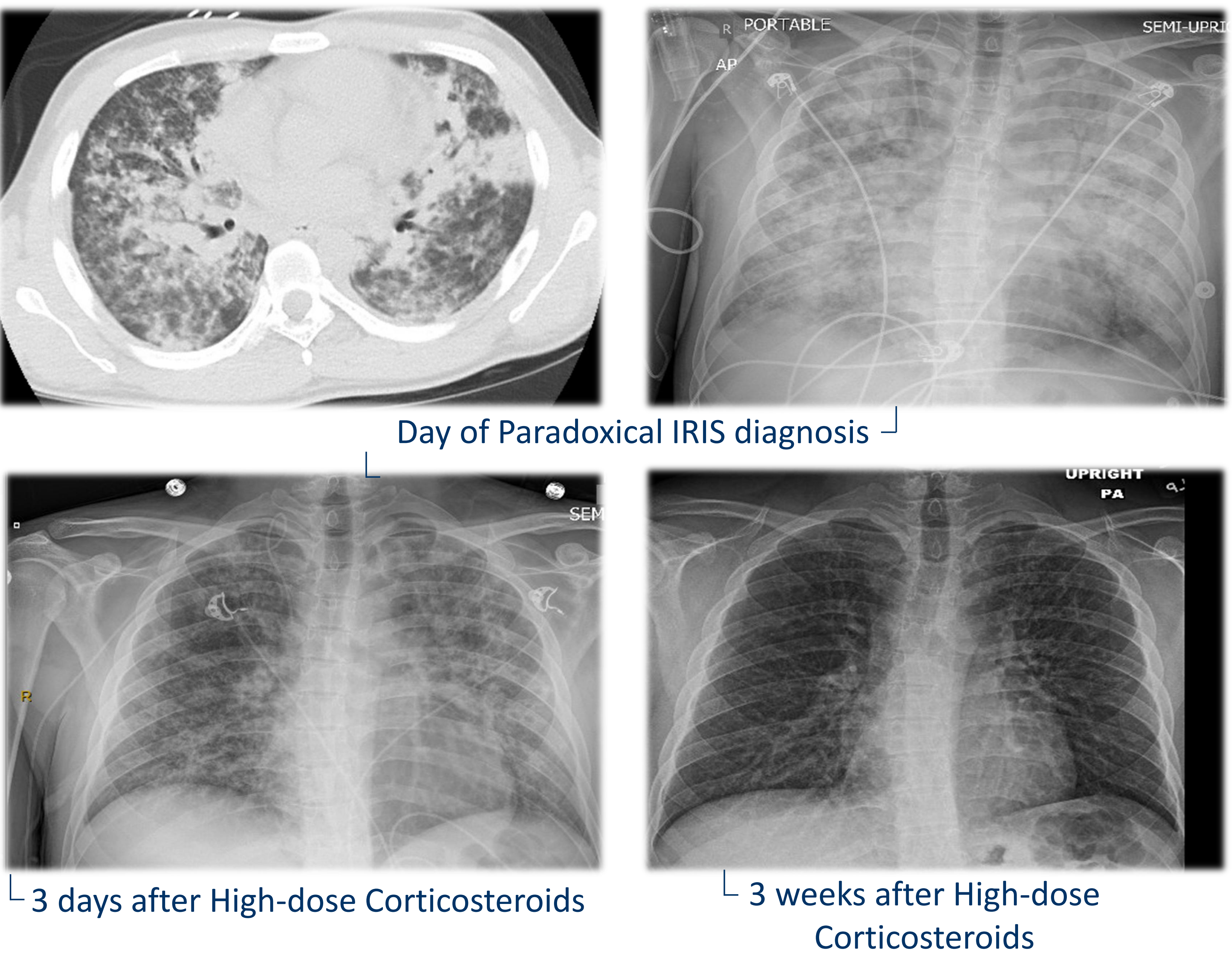
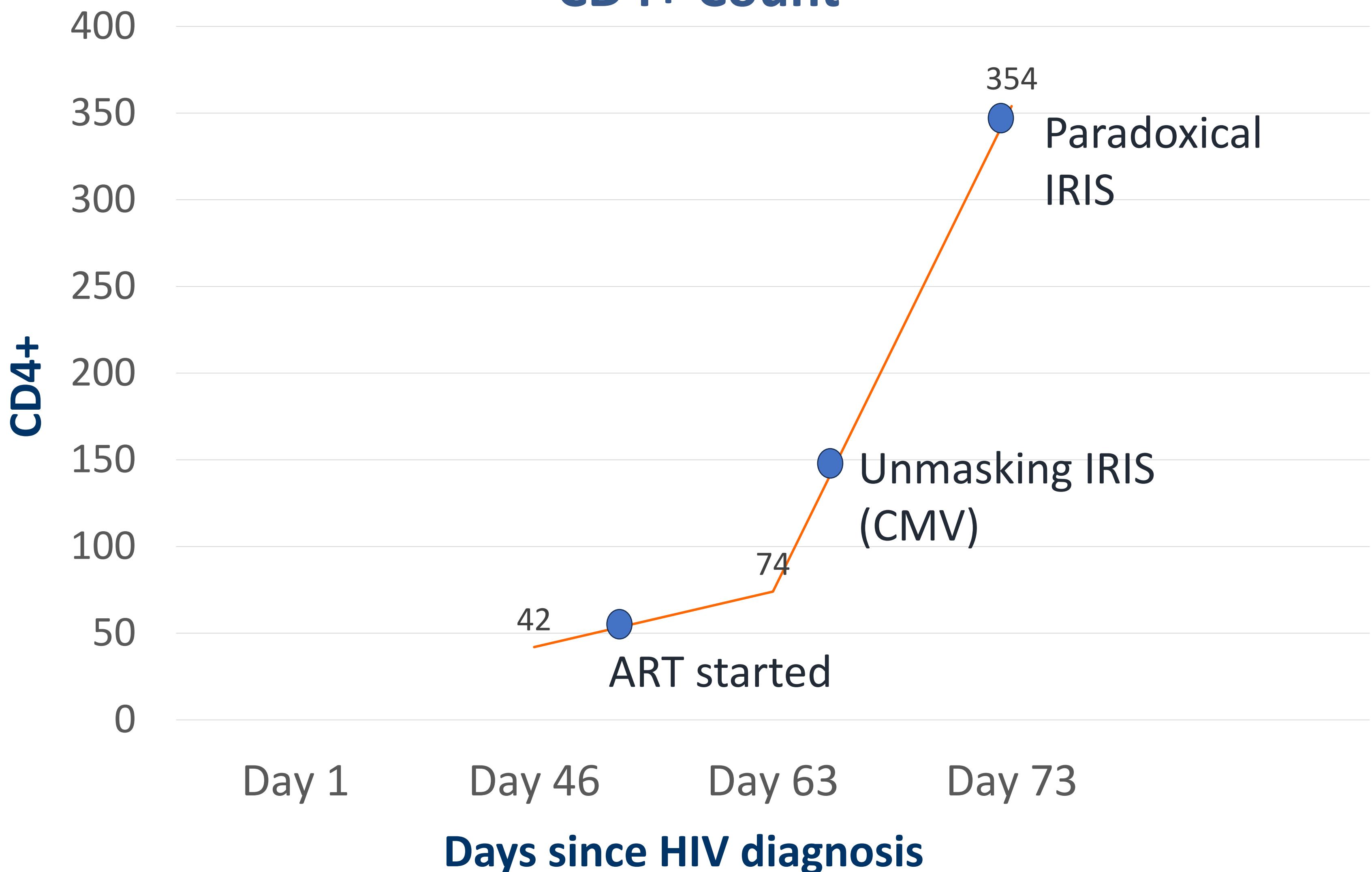
Diagnosed with PJP pneumonia; started on TMP-SMX, steroids, and ART (BIC/FTC/TAF) and discharged.

Re-admitted with worsening hypoxia and new lung infiltrates despite treatment. **Unmasking IRIS due to CMV pneumonitis** confirmed via lung biopsy; improved with ganciclovir.

Days later, developed fever, new lung infiltrates, rising CD4 count, diagnosed with **paradoxical PJP IRIS**.

Required ICU care and **high-dose corticosteroids**, resulting in rapid clinical improvement, and was discharged later.

Timeline of Events and Correlation with CD4+ Count

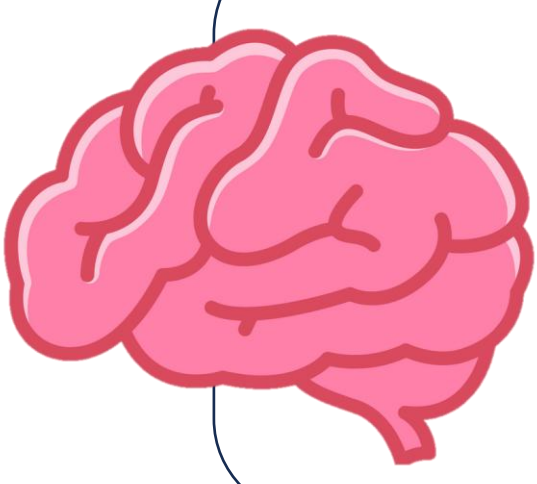


Radiological Progression of Paradoxical IRIS

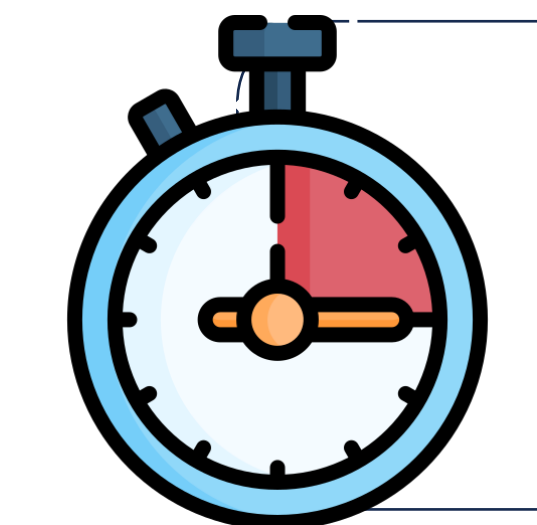


SCAN ME  
FOR FULL CASE  
DETAILS!

## DISCUSSION



**Double IRIS presentations are uncommon but is clinically significant.** Simultaneous unmasking CMV pneumonitis and paradoxical PJP IRIS in one patient highlights diagnostic and therapeutic challenges.



**Early, accurate diagnosis and tailored immunosuppression are key.** High-dose corticosteroids can be life-saving in critically ill patients with IRIS.



**Health disparities amplify severity.** HIV-related stigma, language barrier and lack of insurance contributed to late presentation and disease severity and progression. Systems that support early HIV testing, PrEP access, and linkage to care can prevent late-stage complications.

## TAKE HOME POINTS

1

**Double IRIS can occur. Consider both unmasking and paradoxical presentations in the same patient.**

2

**Early IRIS recognition and, when indicated, high-dose steroids are essential for management.**

3

**Health disparities worsen HIV outcomes. Addressing them through culturally competent care, improved access to PrEP, and stronger linkage-to-care programs is essential to reducing morbidity and mortality.**

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