A previously healthy 39-year-old man was attended in our hospital because of asthenia, weight loss, watery diarrhea, and relapsing fever for the past 2 months. Physical examination was normal. Hematology and coagulation tests, as well as serum biochemical parameters, were all normal. Blood cultures were negative, but the examination of a stool sample smear using the Ziehl-Neelsen method revealed *Cryptosporidium* oocysts (Fig. 1), which was confirmed by a direct immunofluorescence technique using a monoclonal antibody against specific *Cryptosporidium* antigens (Fig. 2). A serological examination detected antibodies to human immunodeficiency virus (HIV). Peripheral blood lymphocyte subset counts was: CD4+: 126/mm³, CD8+: 576/mm³, and CD4+/CD8+: 0.2. Colonoscopy showed a diffusely hyperemic mucosa mostly in the ascending and transverse colon. A colonic biopsy demonstrated a marked congestion of the lamina propria along with a lymphoplasmocytic inflammatory infiltrate (Fig. 3). Interestingly, *Cryptosporidium* oocysts were reported on the surface of colonic mucosal cells (Fig. 4).

*Cryptosporidium* spp. is an intestinal protozoan parasite belonging to the *Sporozoa* (Phylum Apicomplexa) class and the *Coccidia* subclass. *Cryptosporidium* is transmitted via the fecal-oral route, and is passed in the feces in the form of 4-6-mm oocysts containing four sporozoites. In recent years *Cryptosporidium* has been recognized as a significant cause of diarrhea in both immunocompetent and immunocompromised humans, particularly in patients infected by HIV (1). In HIV+ patients with diarrhea *Cryptosporidium* infection rates of about 4-6% have been reported, these being higher in patients with a CD4+ count lower than 200/mm³ (2,3). Although considered a complication associated with advanced stages of immunosuppression, colitis by *Cryptosporidium* may also be the initial manifestation in patients infected by HIV (4,5).
REFERENCES


Fig. 3.- A colon biopsy showing a marked congestion of the lamina propria along with a lymphoplasmocytic inflammatory infiltrate.

Biopsia de colon en la que se observa una marcada congestión de la lamina propia con um infiltrado inflamatorio linfoplasmocitario.

Fig. 4. - Cryptosporidium oocysts (arrow) on the surface of colonic mucosal cells.

Ooquistes de Cryptosporidium (flecha) adheridos a las células caliciformes del colon.