A 5-year-old boy from a rural area of Uttar Pradesh, India, was admitted to Pediatrics Department with a history of diarrhea and weight loss since four months. His serum sample tested positive for anti HIV antibody by three different ELISA tests. A modified acid fast staining on the unconcentrated faecal smear showed numerous oocysts of *Cryptosporidium parvum*, occasional oocysts of *Isospora belli* and few *Cyclospora cayetanensis* oocysts (Figs. 1a, b,c). It is important for laboratories to measure all acid fast oocysts in a stained smear by micrometry particularly when Cryptosporidium oocysts and similar but larger structures (which may be oocysts of Cyclospora) are also seen (Fig. 1c). This would help in differentiating *Cryptosporidium* from *Cyclospora* oocysts particularly where autofluorescence, antigen detection or PCR facilities are not available. Elimination of *Cryptosporidium* from intestine is difficult as no effective treatment is yet available, but *Cyclospora* and *Isospora* can be successfully treated with Cotrimoxazole, which can improve the quality of life in HIV positive patients. The possibility of mixed intestinal coccidial infection should always be considered in symptomatic HIV positive patients.

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**Fig. 1 :**

a) One Isospora, one cryptosporidium and two cyclospora oocysts in one field (100 X magnification, modified acid fast staining); b) 1000X magnification of Isospora oocyst; c) 1000X magnification of two cyclospora and one cryptosporidium oocyst