A 20-year-old male presented with fever, myalgia, and generalised malaise of 4 days. Next day after admission he developed tender swelling of right forearm (Figure 1) and thigh (Figure 2). His muscles were swollen with fluctuant and tender areas. Limb movements were limited, with the underlying muscles firm and woody. There was no history of recent trauma, viral illness, heavy exercise or intravenous drug use. There was no history suggestive of tuberculosis.

X-ray chest was normal and sputum microscopy was negative for tuberculosis. Haemogram revealed leucocyte count 13,400 cm$^3$. Liver, Renal functions and Blood Sugar were normal. Serum creatine kinase level was 1020 IU/l. Serology for human immunodeficiency virus (HIV) was positive with CD4 count of 1195. Autoimmune disease screening tests were normal. USG showed multiple intramuscular abscesses in the facial planes in both right upper and lower limbs and also in the left arm (Figures 3, 4 and 5). Pus culture after aspiration grew Staphylococcus aureus.

The pyomyositis is a rare clinical entity, due to a primary infection of skeletal muscle, occurring mostly in young men. Any muscle can be involved, but the large muscles of the lower extremity are most commonly affected. Multiple intramuscular abscesses is the usual pathology and dissemination with metastatic abscesses can occur.

Predisposing factors include diabetes mellitus, alcoholism, HIV infection, malignancy, autoimmune disease, transplantation was diagnosed to have multifocal pyomyositis. He responded to drainage of pus and four weeks of parenteral antibiotics.

Aim of this presentation is to highlight a case of multifocal pyomyositis in a young new HIV positive patient in the setting of a normal CD4 count.

Reference