Patients with human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) are susceptible to a variety of musculoskeletal complications. Radiology plays a crucial role in early diagnosis and treatment planning in this population, in whom other tests are non-conclusive. Although biopsy is often necessary to obtain a certain diagnosis, it is vitally important for radiologists to be familiar with different types of musculoskeletal disease in HIV-positive and AIDS patients, so that disease affecting this population group can be recognised and prompt treatment commenced. Below we present several cases and disease types.

**Pyomyositis:**
Pyomyositis is a purulent infection of skeletal muscle that arises from hematogenous spread, usually with abscess formation(1). Pyomyositis is mainly encountered in tropical areas. Non-tropical pyomyositis is more common in immunocompromised patients. It requires a high index of suspicion because of its indolent presentation that may mimic other pathologies like cellulitis, diabetic myositis, septic arthritis and deep vein thrombosis. MRI is the best diagnostic tool to differentiate pyomyositis from other disorders. Early diagnosis and intervention with drainage of abscesses and appropriate antibiotics prevent serious complications.

**Skeletal tuberculosis:**
The risk of developing tuberculosis (TB) is estimated to be between 16-37 times greater in people living with HIV than among those without HIV infection(3). During primary TB infection, bacteria may lead to seeding of organisms in bone and/or synovial tissue. In most cases, small foci of infection are confined by local adaptive immune processes, and infection is subclinical. Skeletal TB is an osteomyelitis that starts in the growth plates of bones where the blood supply is the richest, and from there spreads into joint spaces. Vertebral disease usually starts in the subchondral cancellous bone, from where it spreads to the cortex and on to the disc. Bone destruction is more extensive on the ventral aspect leading to anterior wedging. Parapneumonic collections may also develop. Spinal or vertebral TB has been known historically as Pott’s disease.

**Kaposi sarcoma (KS):**
KS is an angio proliferative neoplasm that is of lymphatic origin and is associated with human herpesvirus 8 (HHV8) infection. KS of all subtypes has the propensity to involve the skeletal system. CT scans and an MRI should be included in the work-up of these patients, because plain x-rays and bone scans may not detect osseous KS lesions or contiguous skeletal muscle involvement(5).

**Neoplasm**

**Non-Hodgkins Lymphoma:**
The relative risk of non-Hodgkins lymphoma is increased 60-200 fold in HIV-infected patients when compared with the general population. In HIV-infected patients, 80% of cases of non-Hodgkin lymphoma (NHL) present with advanced systemic disease. There is a tendency for the lymphoma to involve extranodal sites, as with other immunosuppression-related lymphoma. Frequent sites of involvement include the CNS, gastrointestinal tract, liver and bone marrow. Other extranodal sites that are only rarely involved in HIV-negative patients, such as the anorectum and the heart, may also be affected(6).

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