Rare Presentation of Pulmonary Cryptococcosis as a Calcified Nodule

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The typical computed tomography (CT) findings of cryptococcal pulmonary disease are solitary or multiple nodules

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with or without cavitation. There is a single nodular shadow in 50-60% of patients, spiculation in 30%, and convergence of peripheral vessels and pleural indentation in 50% (1), but calcified nodule has never been reported. Pulmonary cryptococcosis makes it difficult for clinicians to detect lung cancer and tuberculosis. Here, we report a patient with pulmonary cryptococcal infection presenting as a rare single calcified nodule.

A 46-year-old woman with a history of completely resected endometrial carcinoma eight years previously, presented with a progressively enlarged calcified spiculated nodule of about 7 mm in the right lower lobe which was noted incidentally during the year by chest CT (Picture 1, 2). She was referred to our hospital and underwent thoracoscopic wedge resection. Pathologist reported a nodule with focal necrosis and central calcification (Picture 3). Periodic acid-Schiff (PAS) stain indicated a large volume positive staining yeast-like fungi (Picture 4), thus cryptococcus infection was diagnosed.

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Reference