Pulmonary Cryptococcosis Complicated by Sarcoidosis

Shin-ichi Nureki¹, Eishi Miyazaki², Yu-ichi Tokunaga¹ and Jun-ichi Kadota¹

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Picture 1.

A 63-year-old woman developed conjunctival hyperemia and blurry vision. She was diagnosed with uveitis. A chest computed tomography (CT) scan detected mediastinal and hilar lymphadenopathy (Picture 1A) and the diffuse small nodules that were slightly predominant in the left lower lobe (Picture 1B). A scalene lymph node biopsy demonstrated non-caseating granulomas (Picture 2A, $\times 200$). She was diagnosed with sarcoidosis. After six months, a chest CT scan revealed the enlargement and increased numbers of the nod-

ules in the left lower lobe (Picture 1C). A transbronchial lung biopsy revealed encapsulated yeast in the alveolar space (Picture 2B, Grocott staining, $\times 200$ and $\times 1,000$, arrow; Picture 2C, Periodic acid-Schiff staining, $\times 200$ and $\times 1,000$, arrows). The patient's serum was positive for *Cryptococcus neoformans* antigen. She was also diagnosed with pulmonary cryptococcosis. Fluconazole treatment resulted in the improvement of her chest images. The complications of pulmonary cryptococcosis in untreated patients with sarcoi-

¹Department of Respiratory Medicine and Infectious Diseases, Oita University Faculty of Medicine, Japan and ²Center for Community Medicine, Oita University Faculty of Medicine, Japan

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Correspondence to Dr. Shin-ichi Nureki, nureki@oita-u.ac.jp

Picture 2.

dosis are rare (1, 2); however, they should be taken into consideration, especially when the laterality of an abnormal chest shadow is observed.

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