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, ×200). She was diagnosed with sarcoidosis. After six months, a chest CT scan revealed the enlargement and increased numbers of the nodules in the left lower lobe (Picture 1C). A transbronchial lung biopsy revealed encapsulated yeast in the alveolar space (Picture 2B, Grocott staining, ×200 and ×1,000, arrow; Picture 2C, Periodic acid-Schiff staining, ×200 and ×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-
dosis are rare (1, 2); however, they should be taken into consideration, especially when the laterality of an abnormal chest shadow is observed.

The authors state that they have no Conflict of Interest (COI).

References


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