[PICTURES IN CLINICAL MEDICINE]

The Cerebellar Leptomeningeal Enhancement Associated with Cryptococcal Meningitis

Azusa Shiromaru, Ryuta Kinno, Naohito Ito and Kenjiro Ono

Key words: cryptococcal meningitis, *Cryptococcus neoformans*, leptomeningeal enhancement, cerebellitis

(Intern Med 58: 149-150, 2019)

(DOI: 10.2169/internalmedicine.1491-18)

Picture 1.

Picture 2.

Picture 3.

Picture 4.

A 71-year-old male construction worker without human immunodeficiency virus had a headache. He showed meningeal signs and ataxia. His cerebrospinal fluid showed a cell count of 335/ μ L (60% polymorphonuclear leukocytes) and protein level of 171 mg/dL, with a glucose level of <10 mg/dL. Indian ink staining revealed fungus bodies (Picture 1). Brain magnetic resonance imaging showed enhance-

Division of Neurology, Department of Internal Medicine, Showa University School of Medicine, Japan

Received: May 5, 2018; Accepted: June 5, 2018; Advance Publication by J-STAGE: August 10, 2018

Correspondence to Dr. Kenjiro Ono, onoken@med.showa-u.ac.jp

ment along the cerebellar folia on contrast T1-weighted imaging (Picture 2, 3). Fluid attenuated inversion recovery imaging showed high-intensity areas at the cerebellar hemispheres and cerebellar swelling (Picture 4). Although leptomeningitis is a common cause of cases of non-AIDS-related cryptococcal meningitis (1), this is a rare case of cryptococcal meningitis with leptomeningeal enhancement limited to the cerebellum and no apparent cryptococcoma (2, 3). *Cryptococcus meningitis* should be considered in patients with a high risk of inhaling *cryptococcus* antigen, even when the lesion is limited to the cerebellum and the patient has no pathological antecedents.

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

References

1. Chen S, Chen X, Zhang Z, Quan L, Kuang S, Luo X. MRI findings of cerebral cryptococcosis in immunocompetent patients. *J Med Imaging Radiat Oncol* **55**: 52-57, 2011.
2. Lasso FA, Zamora Bastidas TO, Potosí García JA, Díaz Idrobo B. Cryptococcal cerebellitis in no-VIH patient. *Colomb Med (Cali)* **48**: 94-97, 2017.
3. Lane H, Browne L, Delanty N, Neill SO, Thornton J, Brett FM. July 2004: 40-year-old man with headaches and dyspnea. *Brain Pathol* **15**: 89-90, 95, 2005.

The Internal Medicine is an Open Access journal distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).