The Cerebellar Leptomeningeal Enhancement Associated with Cryptococcal Meningitis

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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/μL (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-
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


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