Cerebellar cryptococcoma in a non-HIV patient

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A 26-year-old female, immunocompetent, with dysmetria and dysarthria. Diagnostic imaging (Fig 1) demonstrated a cerebellar mass, with a pattern which may be associated to a tumor, although multiple hypointense centers surrounded by ring enhancement after gadolinium may suggest the possibility of many types of infectious lesions, including cryptococcoma.

Histological analysis (Fig 2) confirmed the diagnosis of Cryptococcus neoformans.

Central nervous system cryptococcosis is rare in immunocompetent individuals and is considered an opportunistic pathogen in AIDS patients¹-³. In immunocompetent individuals, cryptococcoma is the most common form of cerebral involvement¹-².

This patient had a good outcome after surgery and anti-fungal therapy.

REFERENCES

Fig 1. [A] Sagittal T1 showing a cerebellar hypointense lesion. [B] Sagittal T1 after gadolinium showing a vermian mass with multiple hypointense centers with ring enhancement. [C] Axial T2 reveals a hyperintense lesion, with edema surrounding the mass. [D] Coronal T1, after gadolinium showing the cerebellar lesion with ring enhancement.

Fig 2. All pictures: smear preparation stained with HE. [A] ×400. [B], [C] and [D] ×1000. [A] Abundant fungi in smear from cerebellar lesion. [B] Yeast forms surrounded by thick mucinous capsule which keeps fungus cells apart. [C] and [D] Reproduction occurs by single or multiple budding.

**CRIPTOCOCOMA CEREBELAR EM PACIENTE HIV NEGATIVO**

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