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Intracranial and orbital aspergillosis in immunocompetent patient

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A 32-year old woman presented with headache and diplopia for two years. She does not have immunologicic and rheumathic diseases, neither hypertension, diabetes and HIV.

Neurological examination showed absence of abduction of the right eye.

This is a pseudotumoral lesion due to aspergillosis, with a solid intraconal lesion going intracranially to the cavernous sinus (Fig 1A and 1B). Hypointensity on T2 MRI may suggest the possibility of inflammatory etiology (particularly fungal infections). Aspergillosis is not usually observed in immunocompetent patients.

The patient was submitted to subtotal resection of the lesion (Fig 2 and 3). She received corticosteroids and oral itraconazole, with favorable evolution.

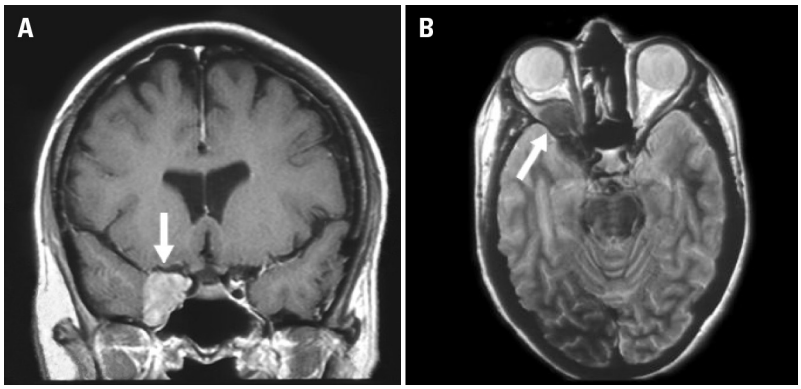

Fig 1. [A] Enhanced coronal T1- weighted imaging showing a right parasselar lesion (with extension to the cavernous sinus), with intense homogeneous enhancement. [B] Axial T2: hypointense intraconal lesion with intracranial extension.

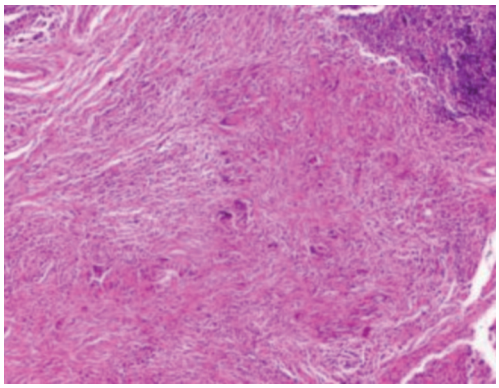

Fig 2. Granulomatous inflammation in orbital tissues showing central necrosis and numerous Langhans-type giant-cells (HE ×200).

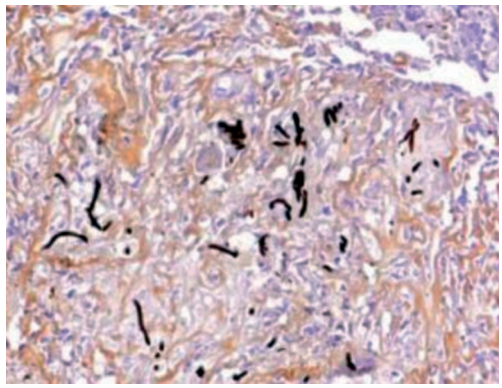

Fig 3. Septate hyphae of Aspergillus in necrotic tissue (silver stain ×400).

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ASPERGILOSE INTRACRANIAL E ORBIAL EM UM PACIENTE IMUNOCOMPETENTE

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