

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 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 immunocom-

petent individuals, cryptococcoma is the most common form of cerebral involvement^{1,2}.

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

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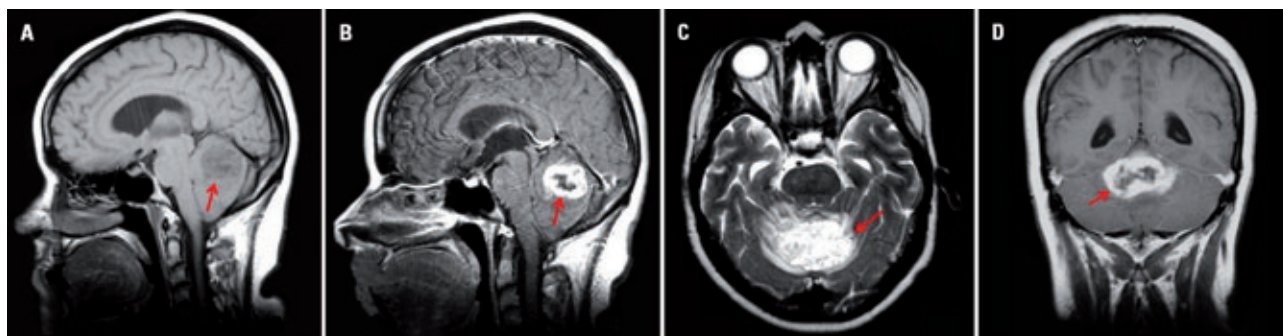


Fig 1. [A] Sagittal T1 showing a cerebellar hypointense lesion. [B] Sagittal T1 after gadolinium showing a vermian mass with multiple hypointense centers with ring enhancement. [C] Axial T2 reveals a hyperintense lesion, with edema surrounding the mass. [D] Coronal T1, after gadolinium showing the cerebellar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

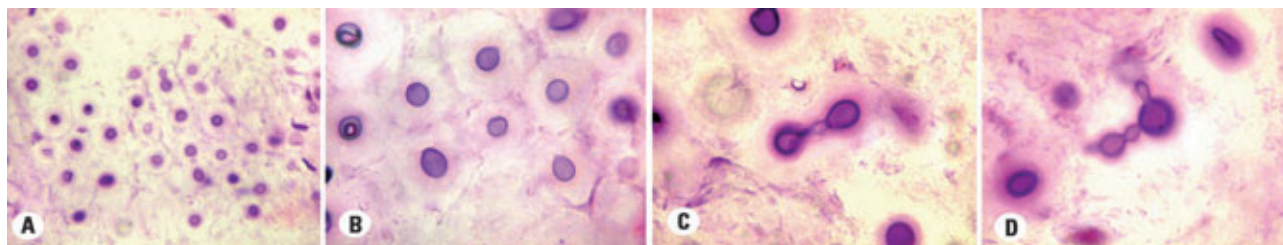


Fig 2. All pictures: smear preparation stained with HE. [A] $\times 400$. [B], [C] and [D] $\times 1000$. [A] Abundant fungi in smear from cerebellar lesion. [B] Yeast forms surrounded by thick mucinous capsule which keeps fungus cells apart. [C] and [D] Reproduction occurs by single or multiple budding.

CRIOCOCOMA CEREBELAR EM PACIENTE HIV NEGATIVO

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Support: Ricardo Schwingel received financial support by FAPESP.

Received 3 December 2010. Received in final form 2 May 2011. Accepted 9 May 2011.