

Paracoccidioidomycosis: a rare cause of infectious encephalomyelopathy

Paracoccidioidomicose: uma causa rara de encefalomielopatia infecciosa

Paulo Victor Sgobbi de Souza¹, Wladimir Bocca Vieira de Rezende Pinto², Sandro Luiz de Andrade Matas²

A 50-year-old man presented with a 2-year-history of gait imbalance and subacute paraparesis with sphincter dysfunction. Examination disclosed truncal ataxia and a complete spinal cord syndrome without sensory level. Neuroimaging showed a ring-enhancing lesion in the cerebellum (Figure 1)

and an intramedullary lesion at T7 level (Figure 2). Cerebellar biopsy revealed *Paracoccidioides brasiliensis* infection.

Paracoccidioidomycosis is a chronic granulomatous fungal disease caused by *P. brasiliensis* that compromises lung, mucosa, cutaneous tissue, adrenals and central nervous

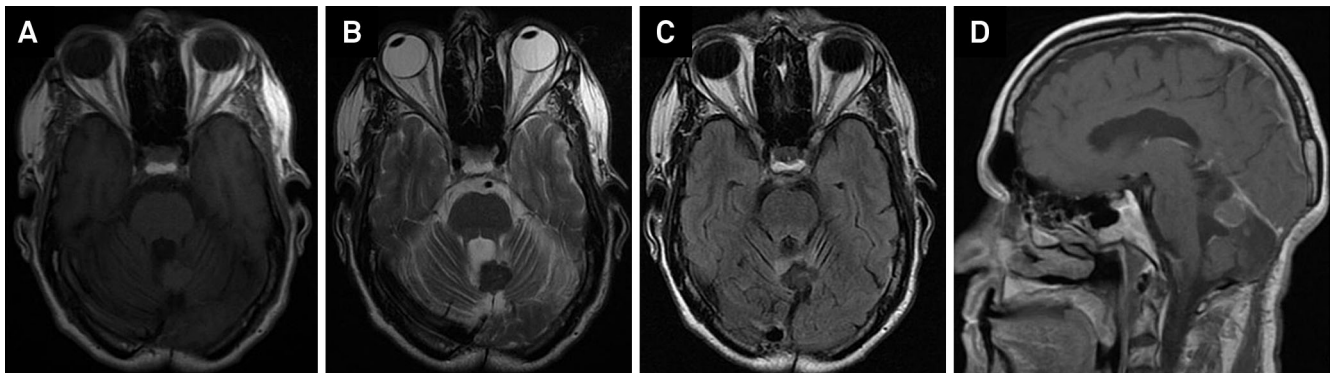


Figure 1. (A) Brain MRI disclosing a hyperintense lesion in the superior vermis on axial T1-weighted images; (B) hypointense on axial T2; (C) FLAIR-weighted sequences; and (D) with ring-enhancing on sagittal post-gadolinium T1-weighted images.

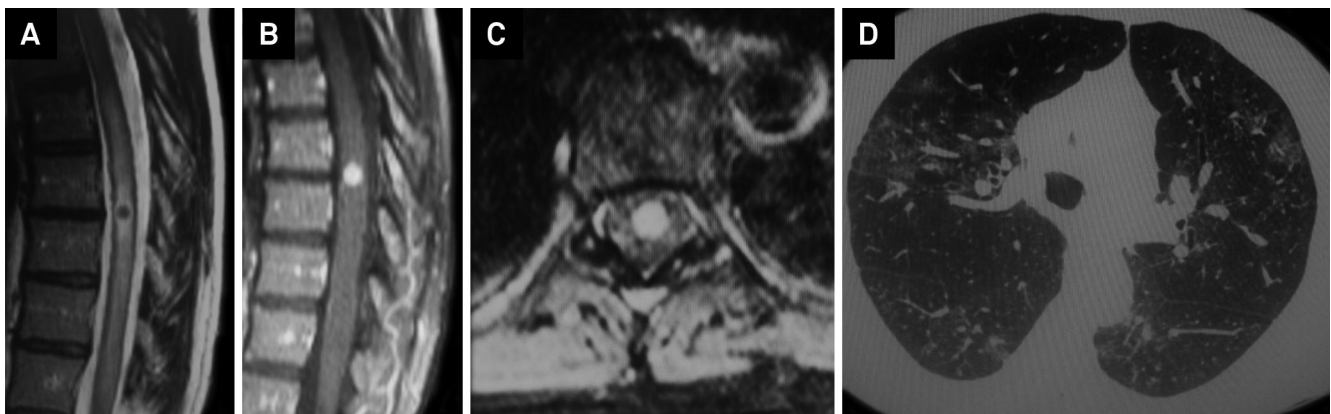


Figure 2. (A) T2-weighted sagittal MRI of the spine revealing an intramedullary lesion at T7 level with nodular enhancement on (B) sagittal and (C) axial post-gadolinium T1-weighted sequences; (D) Chest CT scan disclosing bilateral peripherally located ground-glass opacities and peribronchovascular micronodules.

¹Universidade Federal de São Paulo, Sao Paulo SP, Brazil;

²Departamento de Neurologia e Neurocirurgia, Universidade Federal de São Paulo, Sao Paulo SP, Brazil.

Correspondence: Wladimir Bocca Vieira de Rezende Pinto; Departamento de Neurologia e Neurocirurgia, Universidade Federal de São Paulo; Rua Pedro de Toledo, 650; 04023-900 São Paulo SP, Brazil; E-mail: wladimirbvrpinto@gmail.com

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system (CNS)¹. CNS involvement of paracoccidioidomycosis should be considered in the differential diagnosis of chronic

meningoencephalitis, encephalomyelopathy and in the expansive lesions of the CNS².

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