


NeuroImages

Overwhelming CNS cryptococcus in AIDS

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A 46-year-old HIV-positive man (CD4 count 6 cells/mL, plasma HIV load 346 × 10^3 copies/mL) presented with a subacute onset of confusion. Neurologic examination demonstrated meningeal irritation. CT examination showed no abnormalities. CSF analysis revealed a cryptococcal infection. Because the patient deteriorated despite treatment, an MRI scan was performed 4 weeks later. The images showed a mixed pattern of dilated Virchow–Robin spaces filled with mucoid material, gelatinous pseudocysts in the head of the caudate and putamen, and widespread parenchymal and leptomeningeal nodules (figure, A and C).

This is a classical example of a mixed pattern of CNS cryptococcus in a patient with AIDS. Histopathologic analysis showed a dilated Virchow–Robin space, crowded with cryptococci (hematoxylin and eosin, ×400 before reduction). The inset in figure B shows cryptococcus neoformans with the mucinous capsule (hematoxylin and eosin, ×1,000 before reduction).


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Neurology 2001;57;1560
DOI 10.1212/WNL.57.9.1560

This information is current as of November 13, 2001

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