CNS blastomycosis in a young man working in fields after Hurricane Katrina

A 26-year-old man with a 3-month history of headache, fatigue, cough, fever, and hemoptysis despite empiric treatment with antibiotics presented with a spreading facial rash (figure 1) and decline in cognitive function. He reported working at a farm hit by Hurricane Katrina. A neurologic examination revealed ataxia and left sided weakness, and he required 20 to 45 seconds to answer questions and repetition of several commands. A chest X-ray showed bilateral infiltrates.

Given suspicion for systemic fungal disease, amphotericin B deoxycholate was empirically started. A skin biopsy revealed *Blastomyces dermatitidis*. A MRI of the brain showed multiple enhancing lesions (figure 2, A and B). Treatment was changed to amphotericin B lipid complex for optimal CNS penetration.1 The patient was discharged on itraconazole.

At a 4-month follow-up the neurologic examination normalized and skin and pulmonary lesions resolved. A repeat MRI (figure 2, C and D) showed a marked decrease in enhancing lesions. Itraconazole was continued for 1 year.

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**REFERENCE**

(A, B) Numerous spherical, intensely and homogeneously enhancing scattered supratentorial (gray/white matter junction), infratentorial (arrowheads), and brainstem lesions, consistent with hematogenous spread of blastomycosis. Note also the involvement of the proximal optic nerves and chiasm (arrows). (C, D) Follow-up imaging at 4 months shows marked reduction in the number and size of the enhancing lesions.
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