CNS chagoma

Reactivation in an immunosuppressed patient

Figure 1 MRI reveals a right frontotemporal tumor-like lesion

Lesion is (A) hyperintense in T2 and (B) hypointense in T1 with heterogeneous enhancement after gadolinium injection.

A 39-year-old woman was admitted with dysarthria, left facio-brachio-crural paresis, and increased fronto-temporal headache. She had undergone heart transplantation due to end-stage Chagas heart disease 4 months previously and was on immunosuppression therapy. MRI of the brain demonstrated a right cortico-subcortical frontoparietal lesion with mass effect and heterogeneous enhancement with gadolinium (figure 1). Stereotaxic brain biopsy demonstrated nests of amastigotes and assay for *Trypanosoma cruzi* confirmed the diagnosis (figure 2).¹ Therapy with benznidazole was successful. This case illustrates that *T cruzi* infection reactivation may occur and requires early diagnosis and treatment.²

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Figure 2 Hematoxylin & eosin staining and immunohistochemistry

(A) Amastigote protozoans can be seen inside macrophages (central) (×400 magnification). (B) Immunohistochemical detection of numerous amastigote forms of *Trypanosoma cruzi* within macrophages and neurons, apart from isolated forms dispersed through the cerebral parenchyma and surrounding a blood vessel (×200 magnification).

Author contributions: Sarah Camargos: study concept, design, acquisition of data, study supervision. Maria da Consolação Vieira Moreira: study concept, design, critical revision of the manuscript for important intellectual content. Denise Maria Meneses Cury Portela: analysis and interpretation of the data. João Paulo Imperes Lira: analysis and interpretation of the data. Fabio Valério Santos Modesto: analysis and interpretation of the data. Guilherme Marques Miranda Menezes: analysis and interpretation of the data. Daniel Ribeiro Moreira: analysis and interpretation of the data.

Study funding: No targeted funding reported.

Disclosure: The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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Neurology 2017;88;605-606

DOI 10.1212/WNL.0000000000003600

This information is current as of February 6, 2017

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