

Teaching NeuroImages: The tetraplegic gardener

A case of CNS nocardiosis in an immunocompetent patient

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Figure 1 Nocardiosis skin lesions



Skin lesions throughout the left upper limb and posterior cervical region.

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A 36-year-old immunocompetent male gardener with chronic skin lesions (figure 1) presented with a 6-month history of progressive spastic tetraplegia. Cervical imaging showed soft tissue lesions at the C2-to-T4 level with extension to the epidural/subdural compartments along with longitudinal intramedullary hyperintensities (figure 2). Skin biopsy revealed *Nocardia brasiliensis*.

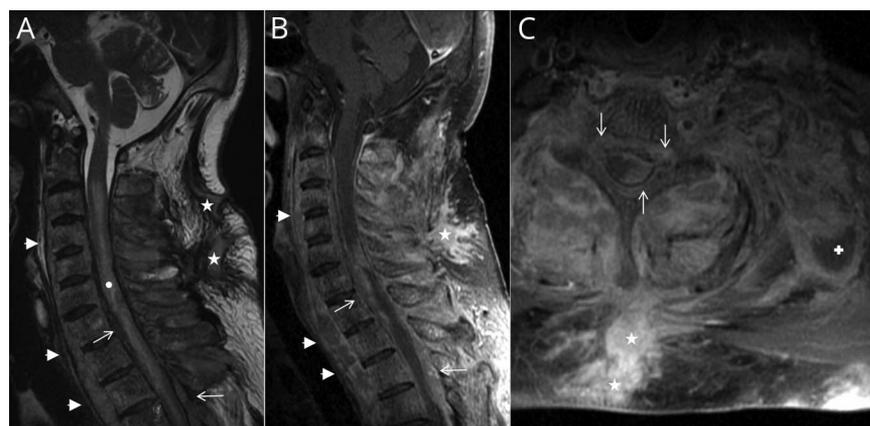
Nocardia brasiliensis is an aerobic, filamentous gram-positive pathogen that typically inhabits the soil—hence its association with gardening.¹ It generally causes skin infection, mostly in immunocompromised patients. Rarely does nocardiosis affect the CNS; its early recognition, however, is of paramount importance because it guides management and influences prognosis.²

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Figure 2 RMI shows cutaneous-spinal fistula secondary to nocardiosis skin lesions



Sagittal T2-weighted RMI image (A) and sagittal (B) and axial (C) T1-weighted images after contrast show multiple epidural collections surrounding the cervical spine (prevertebral: arrowheads; perimedullary: arrows), causing extensive compressive medullary edema (point). Also note a fistula connecting the skin to the spinal canal (star). Peripheral lymphadenopathy is seen (cross).

Disclosure

The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

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