

# Teaching Video NeuroImage: Subacute Hemichorea Secondary to Disseminated *Cryptococcus* Infection in an Immunocompetent Host

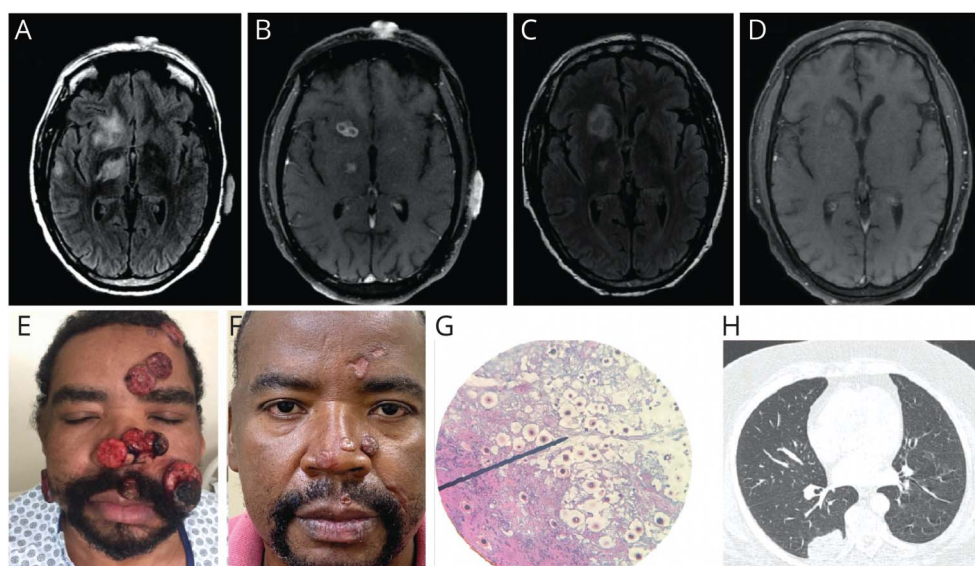
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*Neurology*® 2022;99:36-37. doi:10.1212/WNL.0000000000200710

**Figure** Disseminated *Cryptococcosis* With Dermatologic, Pulmonary, and Neurologic Involvement



Brain MRI showing hyperintense T2/FLAIR right nucleocapsular lesions (A and C) with peripheral nodular enhancement in T1-weighted postcontrast sequences (B and D), at admission (A and B) and after 4-month therapy (C and D). Patient photographs show cutaneous lesions before (E) and after (F) treatment. Skin biopsy stained with Grocott's silver stain (G) identified oval yeasts compatible with cryptococcal infection. A chest CT scan (H) revealed a homogeneous subpleural pulmonary mass in the right lower lobe, compatible with cryptococcal infection and confirmed by a pulmonary biopsy.

A 52-year-old immunocompetent man presented with a 2-month history of weight loss, fever, and headache associated with cutaneous lesions in his face and upper limbs. A month later, he developed left-sided hemichorea (Video 1). Laboratory investigation revealed a positive serum cryptococcal antigen hemagglutination test. Skin and lung biopsies identified *Cryptococcus gattii*. Brain MRI showed right caudate and internal capsule T2/FLAIR hyperintense lesions compatible with cryptococcomas (Figure). Cryptococcal infections occasionally present as neurocryptococcosis but rarely as hemichorea, especially in immunocompetent hosts.<sup>1,2</sup> After induction therapy with IV amphotericin B plus flucytosine followed by voriconazole, hemichorea (Video 1) and neuroimaging (Figure) improved significantly.

## Study Funding

No targeted funding reported.

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## Disclosure

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## Publication History

Received by *Neurology* December 23, 2021. Accepted in final form March 24, 2022. Submitted and externally peer reviewed. The handling editor was Whitley Aamodt, MD, MPH.

## Appendix Authors

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## Appendix (continued)

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*Neurology* 2022;99;36-37 Published Online before print May 6, 2022  
DOI 10.1212/WNL.0000000000200710

**This information is current as of May 6, 2022**

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