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

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A 52-year-old immunocompetent man presented with a two-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 (1,2). After induction therapy with intravenous amphotericin B plus flucytosine followed by voriconazole, hemichorea (Video 1) and neuroimaging (Figure) improved significantly.
Video. Segment 1: hyperkinetic involuntary movements classified as left-sided hemichorea. Segment 2: after 4-month intravenous antifungal treatment, significant improvement in the hemichoreic movements and cutaneous lesions, without antidopaminergic treatments.

Figure. Disseminated Cryptococcosis with dermatologic, pulmonary, and neurologic involvement. Brain MRI showing hyperintense T2/FLAIR right nucleocapsular lesions (A, C) with peripheral nodular enhancement in T1-weighted postcontrast sequences (B, D), at admission (A, B) and after 4-month therapy (C, 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.

Video 1 - [http://links.lww.com/WNL/C19](http://links.lww.com/WNL/C19)
Teaching Slides - [http://links.lww.com/WNL/C20](http://links.lww.com/WNL/C20)

References

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