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

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Neurology® Published Ahead of Print articles have been peer reviewed and accepted for publication. This manuscript will be published in its final form after copyediting, page composition, and review of proofs. Errors that could affect the content may be corrected during these processes.
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Figure Count:
1

Table Count:
0

Search Terms:

Acknowledgment:

Study Funding:
No targeted funding reported.
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**


Appendix 1: Authors

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Mariana Hiromi Manoel Oku, Carlos André Oshiro, Cesar Castello Branco Lopes, et al.
Neurology published online May 6, 2022
DOI 10.1212/WNL.0000000000200710

This information is current as of May 6, 2022

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