UCLA UCLA Previously Published Works

Title Isolated cerebral cryptococcoma

Permalink https://escholarship.org/uc/item/8dn7m2gt

Authors Gonzalez, Rolando A Zamora Allyn, Paul R Sakona, Ashlyn N

Publication Date

DOI

10.1016/j.idcr.2023.e01804

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <u>https://creativecommons.org/licenses/by/4.0/</u>

Peer reviewed

Contents lists available at ScienceDirect

IDCases

journal homepage: www.elsevier.com/locate/idcases

Isolated cerebral cryptococcoma

Rolando A. Zamora Gonzalez^{*}, Paul R. Allyn, Ashlyn N. Sakona

Division of Infectious Diseases, UCLA David Geffen School of Medicine, Los Angeles, CA, USA

ARTICLE INFO

Keywords: Cerebral cryptococcoma Cryptococcus neoformans

A 57-year-old woman with a history of inflammatory arthritis on abatacept presented to our hospital with several months of "brain fog," word-finding difficulties, and stuttering. The physical exam was unremarkable. Given the progressive nature of her symptoms, an MRI was performed, which showed a 1.2 cm peripherally enhancing lesion centred in the grey-white matter junction within the left parietal lobe (see Figs. 1 and 2), suspicious for metastatic disease. Work up for a primary malignancy was unrevealing, so a brain biopsy was performed showing an encapsulated mass with purulence consistent with a brain abscess. Pathology revealed yeast-like microorganisms (see Figs. 3 and 4) and cultures grew Cryptococcus neoformans. Subsequent CSF studies were unremarkable including routine cell count with differential, protein, glucose, Cryptococcal antigen, and fungal culture. Cryptococcal antigen in serum was also negative and there was no evidence of pulmonary disease on imaging. She was treated with liposomal amphotericin B/ flucytosine for a brief period and then switched to maintenance oral fluconazole with partial improvement in her symptoms.

CRediT authorship contribution statement

All three authors contributed equally in the write up of this

manuscript.

Ethical approval

Non applicable.

Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal on request.

Funding

Non applicable, no sponsorship.

Conflicts of interest

Authors have no conflicts of interest.

* Corresponding author. *E-mail address:* rzamoragonzalez@mednet.ucla.edu (R.A. Zamora Gonzalez).

https://doi.org/10.1016/j.idcr.2023.e01804 Received 16 May 2023; Accepted 16 May 2023 Available online 20 May 2023

2214-2509/© 2023 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).









Fig. 1. Coronal view of brain MRI showing rim enhancing lesion in left parietal lobe.



Fig. 2. Axial view of brain MRI showing rim enhancing lesion in left parietal lobe.



Fig. 3. Brain biopsy showing yeast like micro-organisms on GMS stain.



Fig. 4. Brain biopsy showing yeast like micro-organisms on PAS-D stain.