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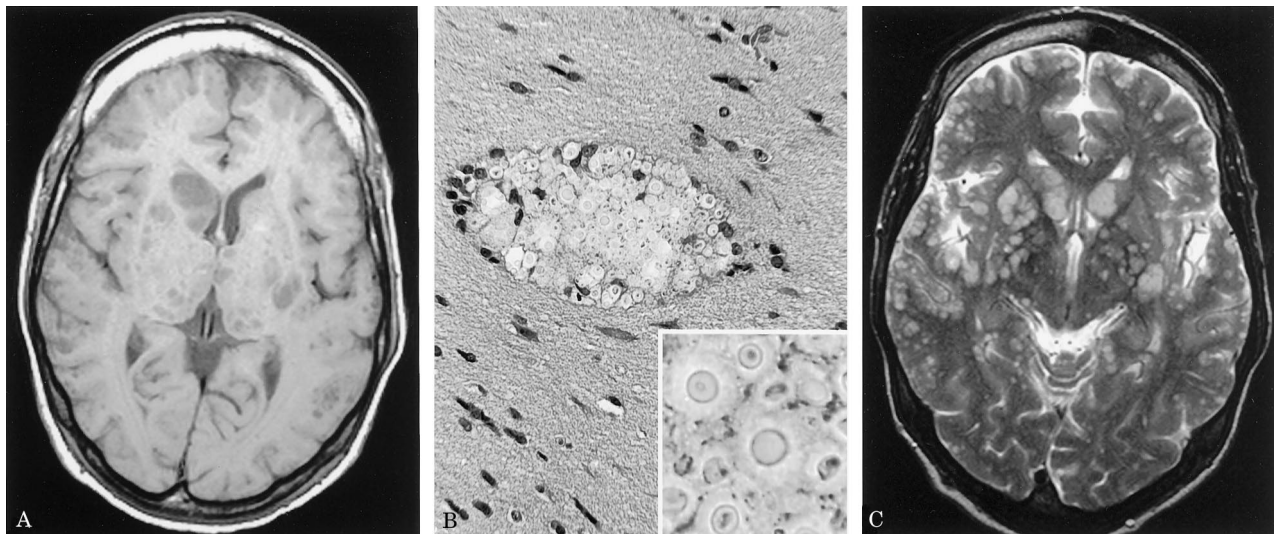


Figure. (A) T1-weighted MRI; mixed pattern of CNS cryptococcosis. (B) Virchow–Robin space crowded with cryptococci (hematoxylin and eosin, $\times 400$ before reduction). Inset: cryptococcus neoformans with the mucinous capsule (hematoxylin and eosin $\times 1,000$ before reduction). (C) T2-weighted MRI; mucoid material within Virchow–Robin spaces. Gelatinous pseudocysts in the head of the caudate and putamen.

Overwhelming CNS cryptococcus in AIDS

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A 46-year-old HIV-positive man (CD_4 count 6 cells/mL, plasma HIV load 346×10^3 copies/mL) presented with a subacute onset of confusion. Neurologic examination demonstrated meningeal irritation. CT examination showed no abnormalities. CSF analysis revealed a cryptococcal infection. Because the patient deteriorated despite treatment, an MRI scan was performed 4 weeks later. The images showed a mixed pattern of dilated Virchow–Robin spaces filled with mucoid material,¹ gelatinous pseudocysts in the head of the caudate and putamen,² and widespread parenchymal and leptomeningeal nodules² (figure, A and C).

This is a classical example of a mixed pattern of CNS cryptococcus in a patient with AIDS. Histopathologic analysis showed a dilated Virchow–Robin space, crowded with cryptococci (hematoxylin and eosin, $\times 400$; see the figure, B). Typically, no inflammation reaction and only limited gliosis in the surrounding nervous tissue was seen. The inset in figure B shows cryptococcus neoformans with the cell wall (dark) surrounded by a clear space representing the mucinous capsule (hematoxylin and eosin, $\times 1,000$; see the figure, B). The patient died 2 months after receiving intensive antifungal therapy.

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