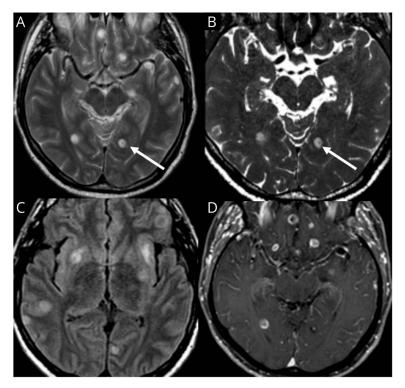
# Teaching NeuroImage: Cryptococcosis in the Central Nervous System Mimicking Neurocysticercosis

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Figure 1 MRI of a Patient With Cryptococcosis Mimicking Neurocysticercosis—Supratentorial Findings



(A) Axial T2WI shows multiple cystic lesions, one in the left occipital lobe with dot sign (arrows in A and B). Axial fluid-attenuated inversion recovery shows vasogenic edema around most lesions (C). Axial T1WI postgadolinium shows peripheral and dot sign enhancement (D). Dot sign is a nodule within a cystic lesion.

A 51-year-old man presented with headache, paresthesias of the legs and arms, and seizure. MRI showed multiple cystic lesions with dot sign and gadolinium enhancement (Figures 1 and 2). The findings are reported to be pathognomonic of neurocysticercosis in the colloidal stage; however, brain tumors and cryptococcosis can mimic it. In this case, *Cryptococcus gattii* was isolated from the CSF. Despite treatment with amphotericin B and fluconazole, the patient died. There are important imaging differences between neurocysticercosis and cryptococcosis. In neurocysticercosis, usually there is no postcontrast enhancement of the dot sign. Cryptococcosis encephalitis is a difficult-to-treat disease that can affect immunosuppressed or immunocompetent patients. <sup>1,2</sup>

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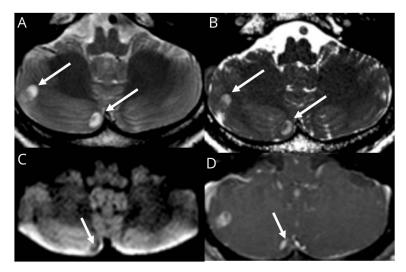
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Go to Neurology.org/N for full disclosures. Funding information and disclosures deemed relevant by the authors, if any, are provided at the end of the article.

Figure 2 MRI of a Patient With Cryptococcosis Mimicking Neurocysticercosis—Infratentorial Findings



(A) Axial T2WI shows 2 cystic lesions in the right cerebellar hemisphere with dot sign (arrows in A and B). Axial DWI shows dot sign (arrow in C). Axial T1WI postgadolinium shows nodular and dot sign enhancement (arrow in D).

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### Appendix (continued)

| Name                       | Location  | Contribution   |
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