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

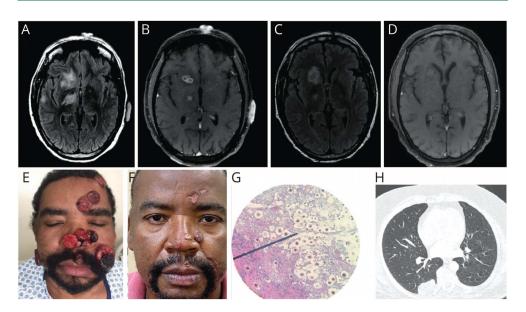
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**Figure** Disseminated *Cryptococcosis* With Dermatologic, Pulmonary, and Neurologic Involvement



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

A 52-year-old immunocompetent man presented with a 2-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. <sup>1,2</sup> After induction therapy with IV amphotericin B plus flucytosine followed by voriconazole, hemichorea (Video 1) and neuroimaging (Figure) improved significantly.

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# **Publication History**

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#### **Appendix** Authors

Name	Location	Contribution
Mariana Hiromi Manoel Oku, MD	Universidade de São Paulo, São Paulo, SP, BR	Conception and design; acquisition, analysis, and interpretation of data; literature review; drafting of the manuscript and critical revision; supervision; and final approval
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