



Cryptococcal meningitis with multiple cranial nerves palsies

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Case summary

A 49-year-old man presented with headache and unsteady gait. Neurological examination showed positive Brudzinski sign and bilateral dysmetria. CSF study revealed lymphocytes-dominant pleocytosis (WBC: 263 mm³, lymphocytes: 78%), cryptococcal antigen 1:512 (+), open/close pressure of 340/220 mmH₂O and TB-PCR (-). Serum tests revealed anti-HIV antibody (-) and RPR/VDRL (-). Amphotericin B and mannitol were given. Imaging studies showed cerebellar leptomeningitis and left upper lung cavitated lesion (Fig. 1). Concordant with

blurred vision on the left, ophthalmoplegia and facial paresthesia, brain MRI (Fig. 2) showed enhancement of left optic, bilateral oculomotor and bilateral trigeminal nerves. Cryptococcal meningitis can result in optic neuropathy (1) and multiple cranial nerves involvement (2).

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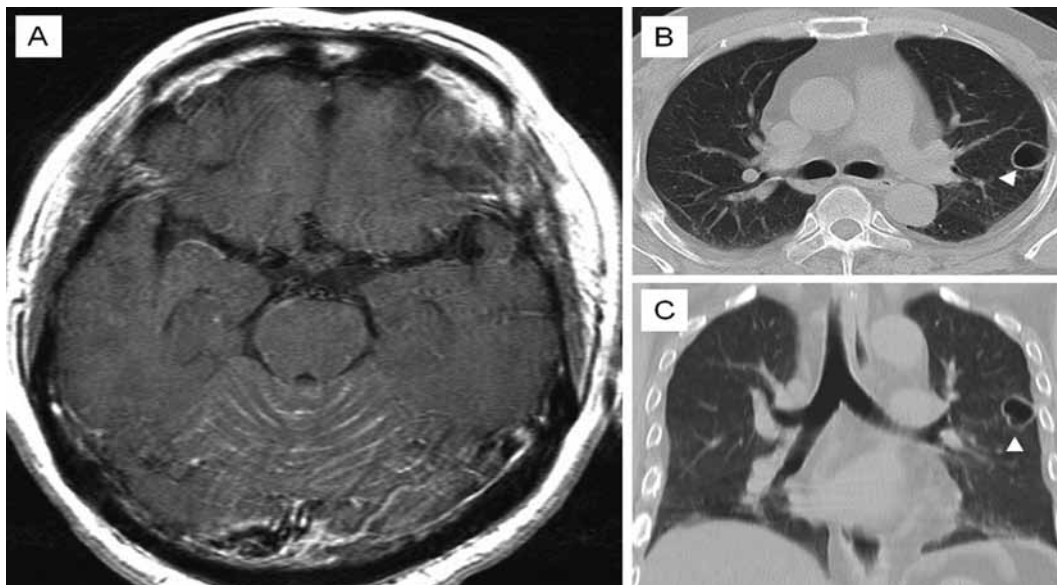


FIG. 1. — Axial brain MRI with contrast (1A) showing leptomeningeal enhancement over the cerebellum. Axial (1B) and coronal (1C) high resolution chest CT showing a cavitated nodule in the left upper lobe of the lung.

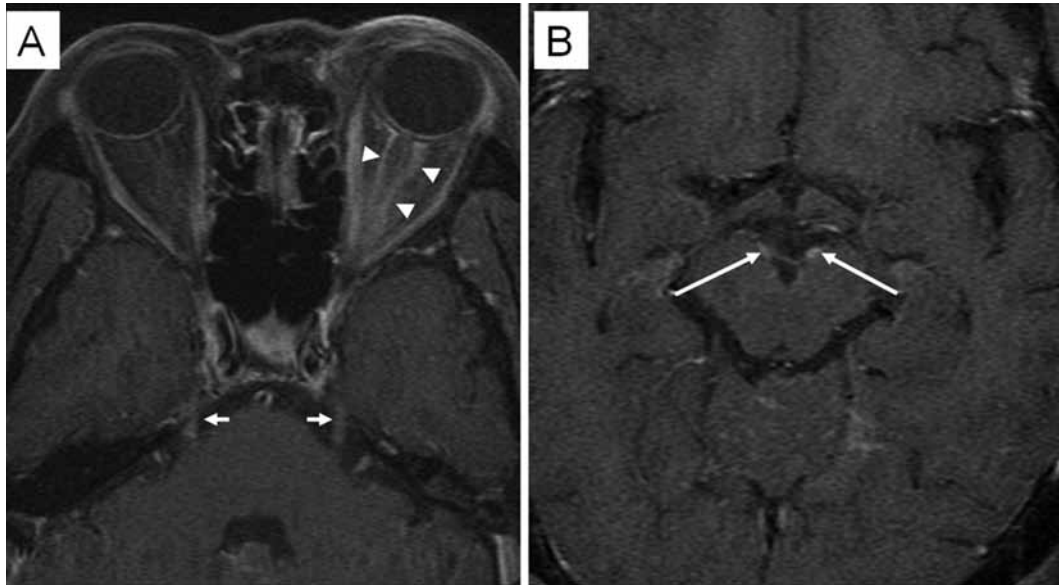


FIG. 2. — Axial brain MRI with contrast showing enhancement of left optic nerve (arrowheads), bilateral trigeminal nerves (short arrows) (2A) and bilateral oculomotor nerves (long arrows) (2B).

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