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Hippocampal sclerosis in paracoccidioidomycosis

Esclerose hipocampal na paracoccidioidomicose

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A 39-year-old man presented with complex partial seizures five years after treatment of central nervous system (CNS) paracoccidioidomycosis (PCM). Post-treatment images showed reduction of the CNS lesions and appearance of hippocampal sclerosis (HS) (Figures 1 and 2). To the best of our knowledge, this is the first description between PCM and HS.

HS is a common pathological finding in temporal lobe epilepsy[1]. The etiology is controversial, whether acquired or developmental, however triggering factors of HS can be epilepticus status, febrile seizures, infectious and vascular diseases or malformations. When associated with other diseases, as in this case of PCM[2,3], it is called dual pathology.

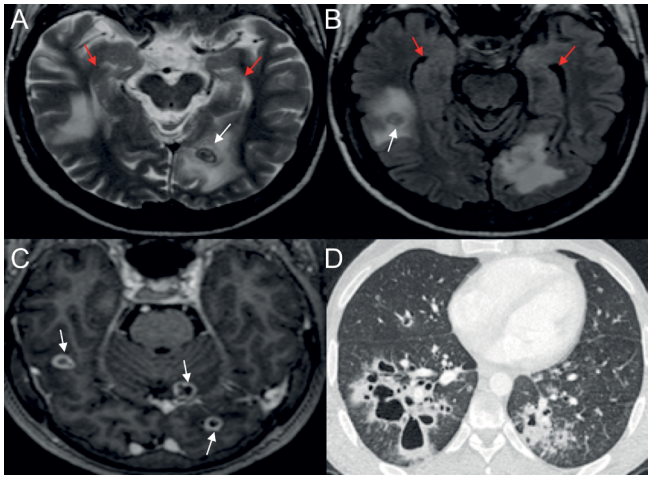

Figure 1. (A) and (B) — T2WI and FLAIR show lesions with low T2WI signal (white arrows) with vasogenic edema. Note the normal hippocampi (red arrows). (C) — T1 post-contrast shows lesions with annular enhancement (white arrows). (D) — chest CT with cavitated lesions.

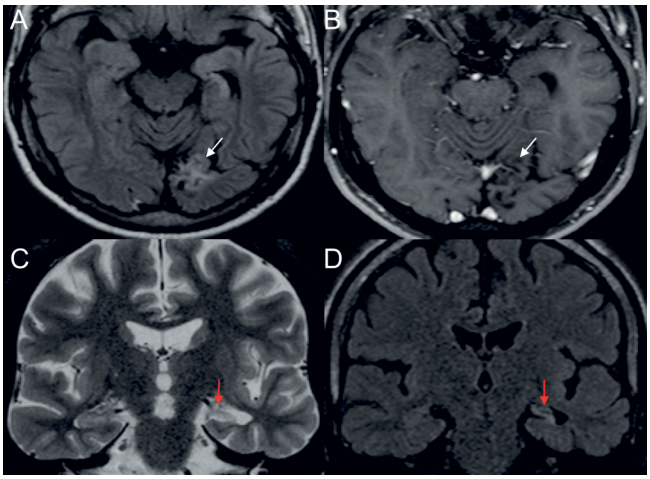

Figure 2. (A) (FLAIR) and (B) (T1 post-contrast) — show lesion resolution and encephalomalacia after treatment (white arrows). (C) and (D) T2 and FLAIR — show volumetric reduction, signal hyperintensity and loss of internal architecture of the left hippocampus (red arrows) — HS.

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