Revista da Sociedade Brasileira de Medicina Tropical
Journal of the Brazilian Society of Tropical Medicine
Vol.:56 | (e0579-2022) | 2023
https://doi.org/10.1590/0037-8682-0579-2022

Images in Infectious Diseases

Endobronchial cryptococcosis in a patient with an HIV infection

Eduardo Felipe Barbosa Silva[1]

[1]. Hospital de Base do Distrito Federal, Unidade de Broncoscopia, Brasília, DF, Brasil.

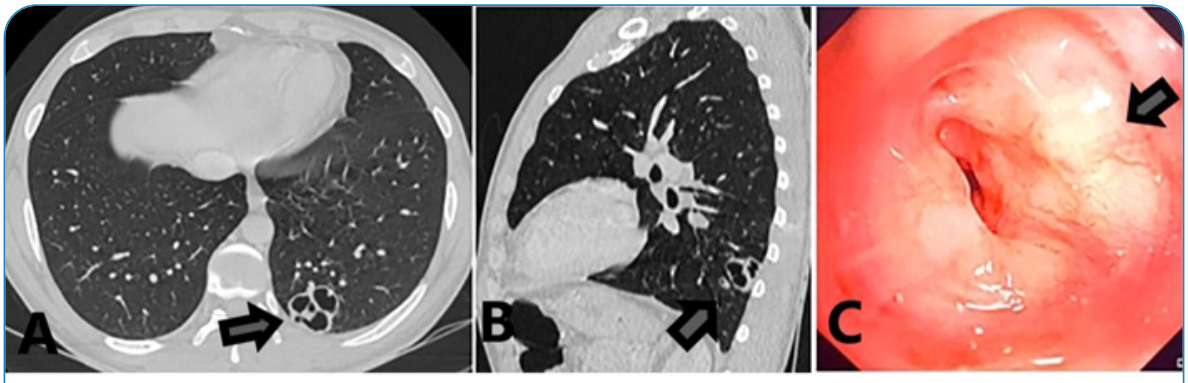

FIGURE 1: (A,B) "Excavated and septate lobulated formation in the left lower lobe. Lymph node enlargement in the left pulmonary hilum." **(C)** Infiltrative lesion in left lower lobe bronchus (superior segment).

A 30-year-old man with a diagnosis of AIDS discontinued anti-retro viral therapy one year prior to presentation for a headache, fever and weight loss evaluation. Chest computed tomography revealed excavated and septate lobulated formation in the left lower lobe (**Figure 1A-B**), and bronchoscopy revealed an infiltrative lesion in the left lower lobe bronchus (superior segment)-(**Figure 1C**). The bronchial biopsy specimens showed many small-sized non-budding yeast-like structures, with periodic acid-Schiff staining positivity, compatible with *Cryptococcus neoformans*. *Cryptococcus neoformans* was also cultured from both blood and cerebrospinal fluid. The patient was treated with intravenous liposomal amphotericin B and fluconazole and underwent cerebrospinal fluid drainage. He followed an uncomplicated disease course.

Cryptococcosis preferentially affects immunocompromised hosts (patients with HIV infection, those undergoing transplantation, those using high-dose corticosteroids, and those with diabetes mellitus, chronic renal failure, or other such diseases[1]. Although the lungs serve as a gateway to this infection, extrapulmonary forms (for example meningitis) represent the most common clinical presentations[1,2]. Most patients initially show nonspecific respiratory clinical manifestations[2]. Radiological findings include parenchymal infiltrates, cavitated lesions, lymphadenopathy, pleural effusion, and pulmonary masses and nodules[1,3]. Endobronchial cryptococcosis is a rare manifestation of pulmonary infection and endoscopically presents as a vegetating, polypoid, plaque-like lesion, submucosal infiltration, or an ulcer[1,3]. In summary, *Cryptococcosis* should be considered in the differential diagnosis of endobronchial lesions in immunocompromised patients, especially in those with AIDS.

ACKOWLEDGMENTS

None.

REFERENCES

1. Sahoo D, Southwell C, Karnak D, Metha AC. Endobronchial Cryptococcosis. J Bronchology Interv Pulmonol. 2005;12(4):236-8.
2. Montón C, Xaubet A, Solé T, Alós L. Endobronchial Cryptococcosis. J Bronchology Interv Pulmonol. 1997;4(2):142-4.
3. Kashiyama T, Kimura A. Endobronchial Cryptococcosis in AIDS. Respirology. 2003;8(3):386-8.

Corresponding author: Eduardo Felipe Barbosa Silva. **e-mail:** efbsbpt@gmail.com
Authors' contribution: EFBS: Performed the bronchoscopy examination and wrote the medical article.
Conflict of Interest: The author declares that there is no conflict of interest.
Financial Support: None.
Received 1 December 2022 | **Accepted** 28 December 2022