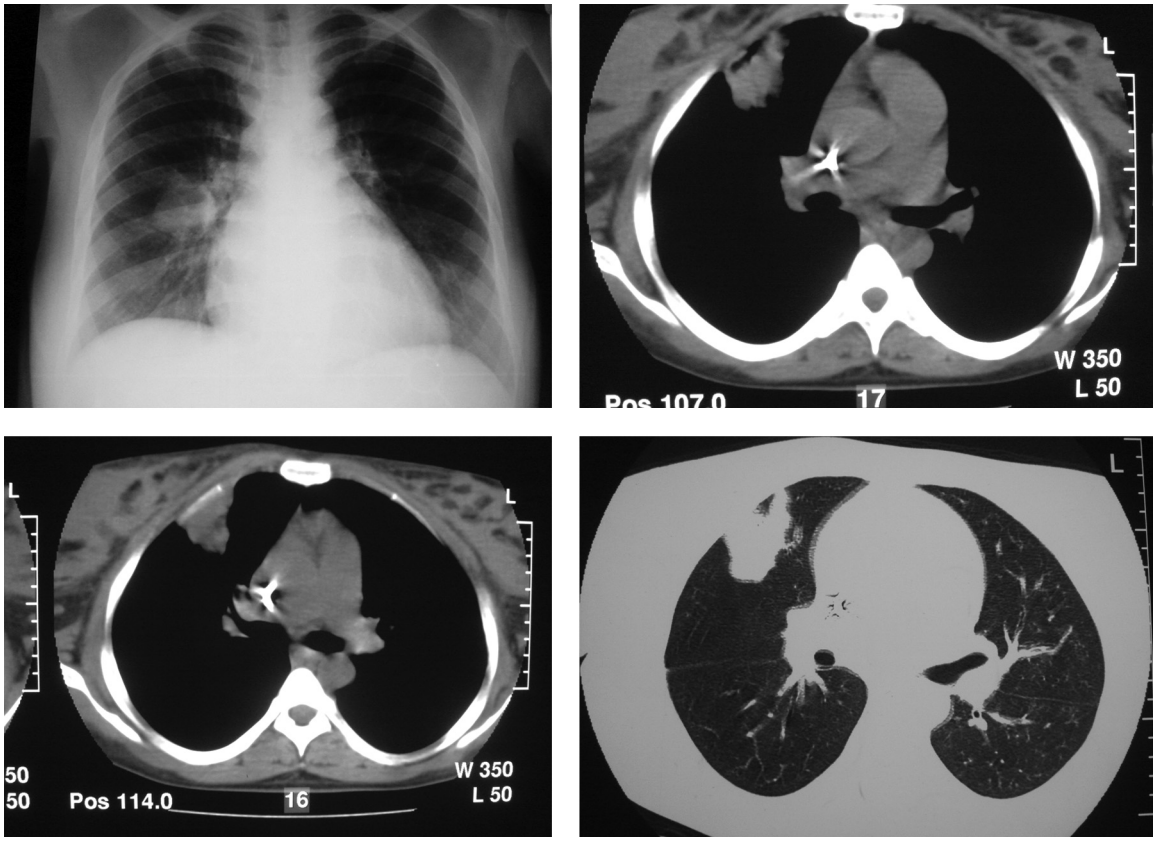
Radiological Diagnosis

Diagnosis of the case presented in the previous edition

J Bras Pneumol. 2007;33(5):621

Criptococose pulmonar



A 20-year-old female patient reporting fever and joint pain for 3 months. Complementary tests: Positivity for anti-nuclear factor (ANF), anemia (Hb:8.7) and leucopenia. Chest X-ray revealed a nodule.

Comments

Contamination with the fungus *Cryptococcus neoformans* usually occurs via inhalation. The pulmonary infection (cryptococcosis) can be asymptomatic, at times self-limited, or it can be severe and progressive. A study involving immunocompetent patients revealed that half of the patients reported cough or chest pain, one-fourth presented weight loss, and one-fourth were asymptomatic. The results of imaging studies can vary. Immunocompetent patients generally present mild pulmonary symptoms, tending to present nodules that simulate pulmonary tuberculosis or even neoplasms. Immunocompromised patients typically present nodules and multiple consolidations and can also present lung cavitation, enlargement of lymph nodes and pleural effusion.

In the case presented here, the clinical history of the patient began with systemic lupus erythematosus and evolved to severe lupus nephritis. After 38 days of immunosuppressive treatment, the patient returned to the hospital reporting fever. A chest X-ray revealed consolidation in the right lung. Computed tomography characterized the consolidation better, revealing its peripheral location and cuneiform shape based in the pleura. The diagnosis was confirmed through biopsy of the pulmonary lesion.

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Readers correctly diagnosing the case presented in the September/October 2007 issue:

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