

Images in Infectious Diseases

Central nervous system histoplasmosis mimicking tentorium meningioma

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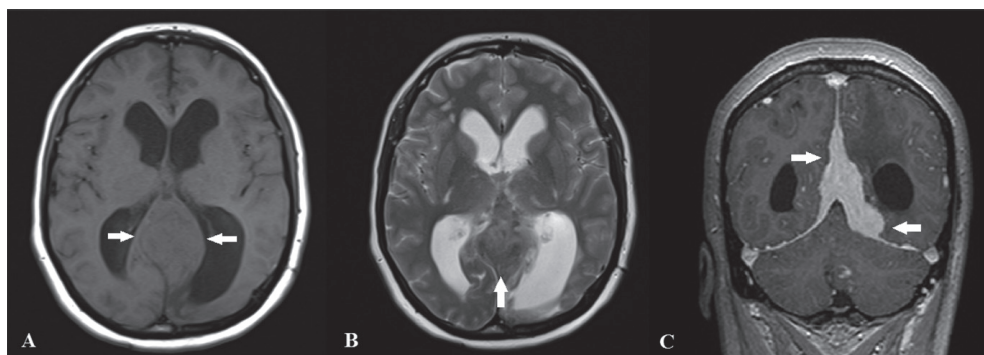


FIGURE: Magnetic resonance imaging revealed a mass on the tentorium (arrows) caused by histoplasmosis that shows iso/hypointensity on T1- and T2-weighted images (A and B, respectively) with exuberant contrast enhancement on a gadolinium-enhanced, T1-weighted image (C).

A 37-year-old immunocompetent female resident of Rio de Janeiro, Brazil, presented with a 2-month history of headache, without fever or any other symptoms. Results of serology for HIV and a venereal disease research laboratory test were both negative. Analyses of cerebrospinal fluid yielded normal findings. Brain magnetic resonance imaging (MRI) revealed a mass on the tentorium showing iso/hypointensity on T1- and T2-weighted images (**Figure A** and **Figure B**, respectively) with exuberant contrast enhancement (**Figure C**). Meningioma located in the tentorium was the main diagnosis. After surgical treatment, a histopathological diagnosis of histoplasmosis was made. Central nervous system (CNS) histoplasmosis commonly occurs in immunocompromised patients with disseminated infection^{1,2}. The most common manifestation of CNS involvement is subacute or chronic meningitis^{1,2}. Histoplasmosis mimicking a meningioma is exceptional and, in some cases, presents with the dural tail sign. This sign is seen on MRI as thickening of the dura mater, enhanced by venous contrast, which resembles a tail extending from a mass, and is generally related to meningiomas, which are the most common

tumors of the meninges. In conclusion, histoplasmosis should be included in the differential diagnosis of CNS masses.

Acknowledgments

We offer our deepest thanks to the institutions that provided technical support for the development and implementation of this study.

Conflict of interest

The authors declare that there is no conflict of interest.

REFERENCES

1. Hariri OR, Minasian T, Quadri SA, Dyurgerova A, Farr S, Miulli DE, et al. Histoplasmosis with deep CNS involvement: case presentation with discussion and literature review. *J Neurol Surg Rep.* 2015;76(1):e167-72.
2. Azizirad O, Clifford DB, Groger RK, Prelutsky D, Schmidt RE. Histoplasmosis: isolated central nervous system infection with *Histoplasma capsulatum* in a patient with AIDS Case report and brief review of the literature. *Clin Neurol Neurosurg.* 2007;109(2):176-81.

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Received 29 September 2017

Accepted 5 April 2018