

[ PICTURES IN CLINICAL MEDICINE ]

## The Cerebellar Leptomeningeal Enhancement Associated with Cryptococcal Meningitis

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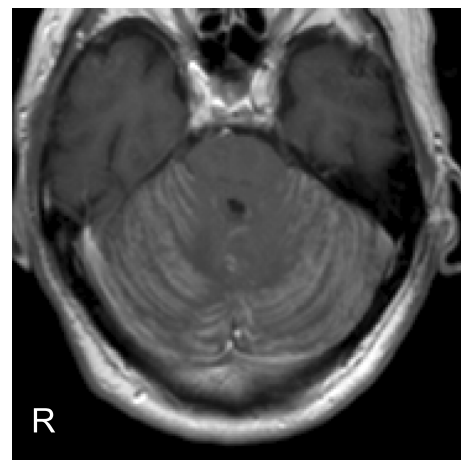
**Key words:** cryptococcal meningitis, *Cryptococcus neoformans*, leptomeningeal enhancement, cerebellitis

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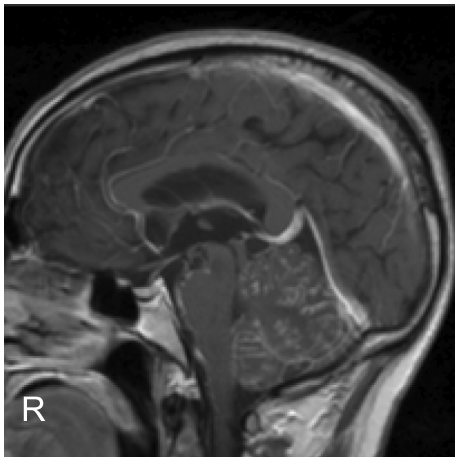
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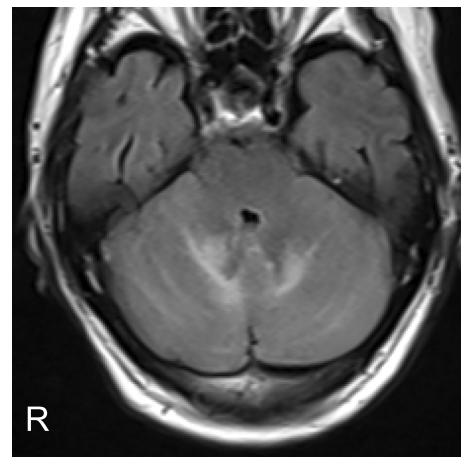
Picture 1.



Picture 2.



Picture 3.



Picture 4.

A 71-year-old male construction worker without human immunodeficiency virus had a headache. He showed meningeal signs and ataxia. His cerebrospinal fluid showed a cell count of 335/ $\mu$ L (60% polymorphonuclear leukocytes)

and protein level of 171 mg/dL, with a glucose level of <10 mg/dL. Indian ink staining revealed fungus bodies (Picture 1). Brain magnetic resonance imaging showed enhance-

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ment along the cerebellar folia on contrast T1-weighted imaging (Picture 2, 3). Fluid attenuated inversion recovery imaging showed high-intensity areas at the cerebellar hemispheres and cerebellar swelling (Picture 4). Although leptomeningitis is a common cause of cases of non-AIDS-related cryptococcal meningitis (1), this is a rare case of cryptococcal meningitis with leptomeningeal enhancement limited to the cerebellum and no apparent cryptococcoma (2, 3). Cryptococcus meningitis should be considered in patients with a high risk of inhaling cryptococcus antigen, even when the lesion is limited to the cerebellum and the patient has no pathological antecedents.

**The authors state that they have no Conflict of Interest (COI).**

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