

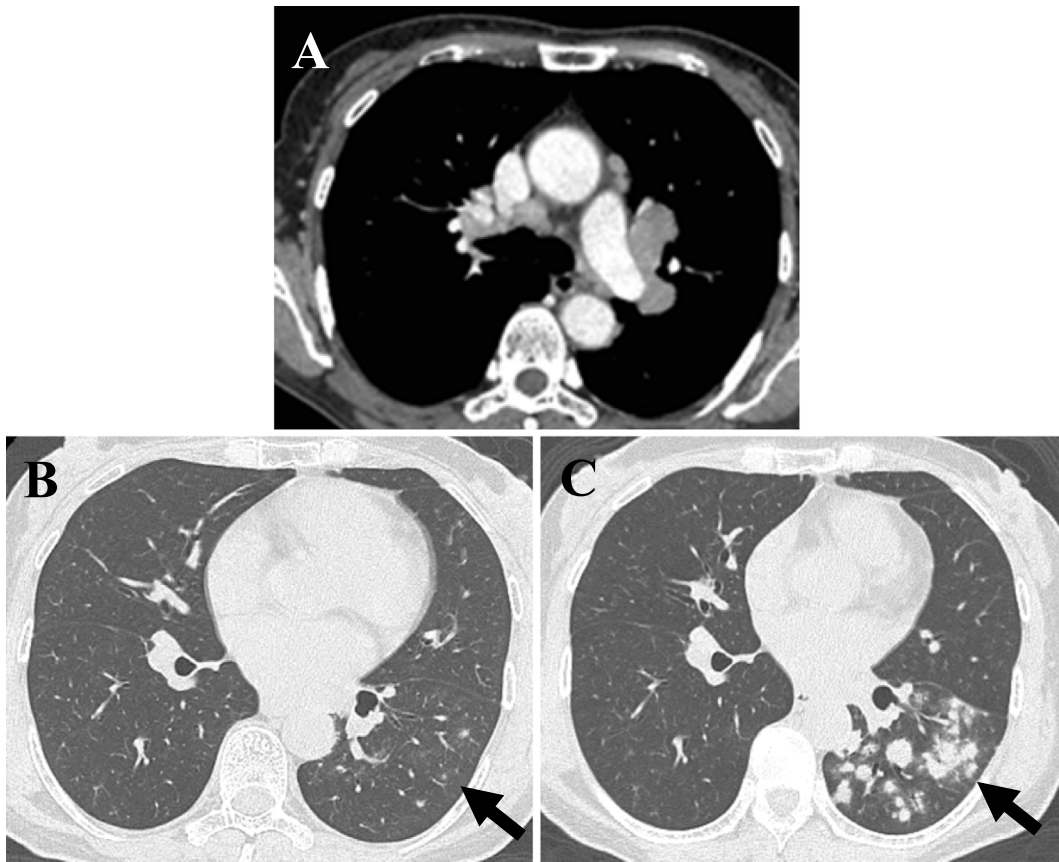
## Pulmonary Cryptococcosis Complicated by Sarcoidosis

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**Key words:** complication, *Cryptococcus neoformans*, laterality, pulmonary cryptococcosis, sarcoidosis

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**Picture 1.**

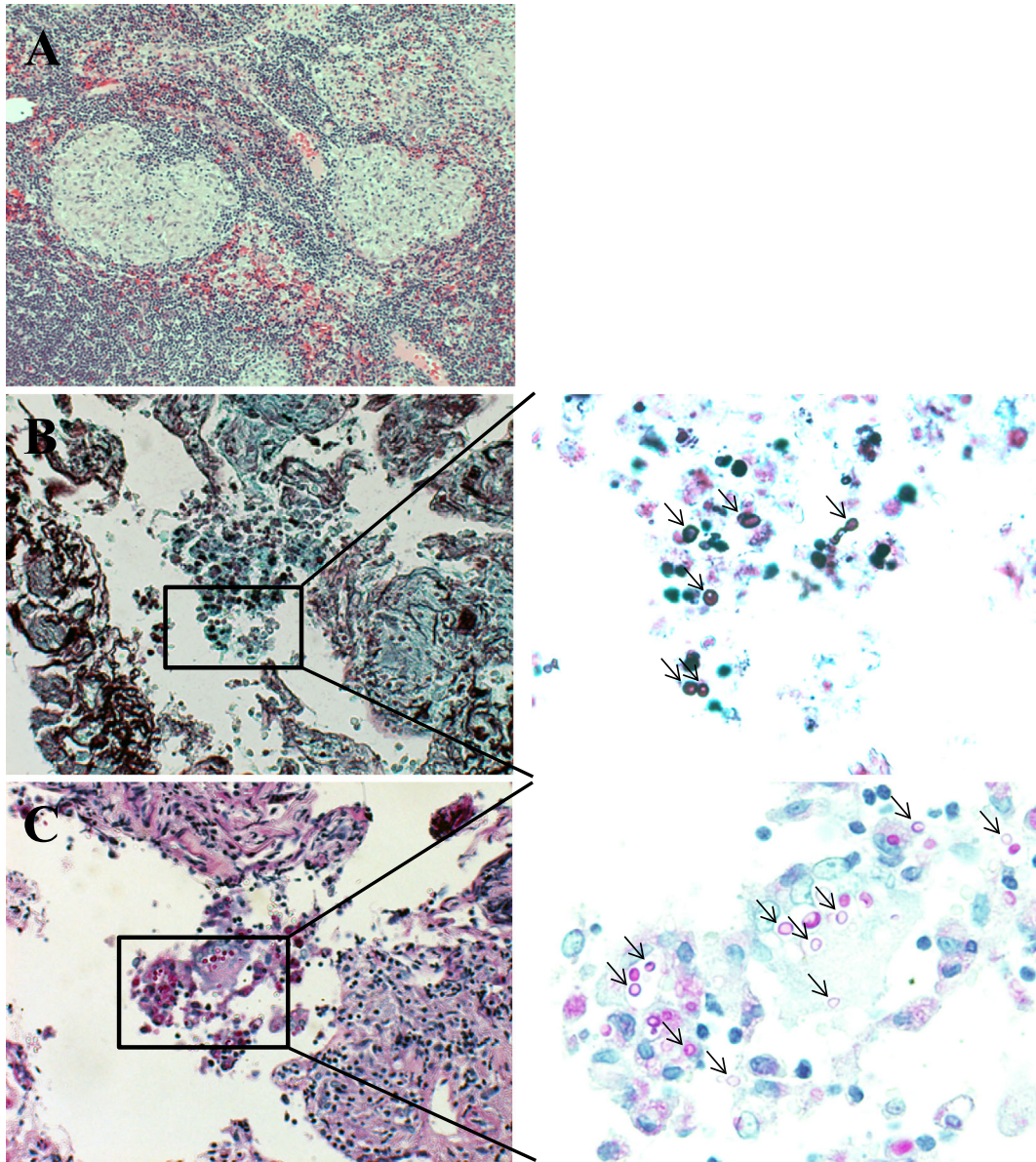
A 63-year-old woman developed conjunctival hyperemia and blurry vision. She was diagnosed with uveitis. A chest computed tomography (CT) scan detected mediastinal and hilar lymphadenopathy (Picture 1A) and the diffuse small nodules that were slightly predominant in the left lower lobe (Picture 1B). A scalene lymph node biopsy demonstrated non-caseating granulomas (Picture 2A,  $\times 200$ ). She was diagnosed with sarcoidosis. After six months, a chest CT scan revealed the enlargement and increased numbers of the nod-

ules in the left lower lobe (Picture 1C). A transbronchial lung biopsy revealed encapsulated yeast in the alveolar space (Picture 2B, Grocott staining,  $\times 200$  and  $\times 1,000$ , arrow; Picture 2C, Periodic acid-Schiff staining,  $\times 200$  and  $\times 1,000$ , arrows). The patient's serum was positive for *Cryptococcus neoformans* antigen. She was also diagnosed with pulmonary cryptococcosis. Fluconazole treatment resulted in the improvement of her chest images. The complications of pulmonary cryptococcosis in untreated patients with sarcoi-

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Picture 2.

dosis are rare (1, 2); however, they should be taken into consideration, especially when the laterality of an abnormal chest shadow is observed.

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

## References

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tion with *Cryptococcus neoformans* in the face of underlying sarcoidosis. *Respiration* **74**: 462-466, 2007.

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