

An isolated cryptococcoma mimicking nasopharyngeal cancer

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Received: 14 September 2014 / Accepted: 8 November 2014 / Published online: 16 November 2014
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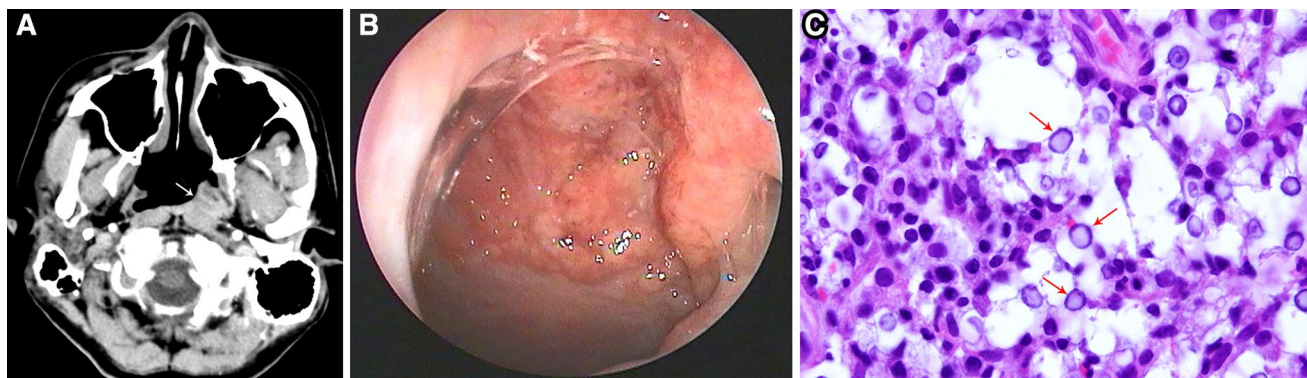


Fig. 1 **a** Computed tomography revealed a mass lesion (arrow) with contrast enhancement occupying the left Rosenmüller fossa of the nasopharynx. **b** The mass bled easily during the fiberoptic nasopharyngoscopy, suggestive of a nasopharyngeal carcinoma. **c** The biopsy reported numerous cryptococcal yeasts (arrows). Hematoxylin and eosin stain, $\times 1000$

A 29-year-old man who underwent open-heart surgery for primum atrial septal defect and mitral regurgitation after mitral valvuloplasty presented with a 5-day history of

severe headache and diplopia. Contrast-enhanced computed tomography revealed a 2.7-cm soft-tissue lesion in the nasopharynx occupying the left fossa of Rosenmüller (Fig. 1a, arrow). The mass bled easily during nasopharyngoscopy, suggestive of nasopharyngeal carcinoma (Fig. 1b). A biopsy reported numerous cryptococcal yeasts (Fig. 1c, arrows). A lumbar puncture demonstrated high opening pressure (50 cmH₂O), 8 leukocytes/mm³, and high protein levels (47 mg/dL). *Cryptococcus neoformans* was cultured from blood and cerebrospinal fluid; a serum cryptococcal antigen titer was 1:256. A western blot was positive for human immunodeficiency virus (HIV) antibodies; CD4 cells were 26/ μ L (9.2 %). The patient was treated successfully with intravenous amphotericin B (1 mg/kg per day) and oral flu-cytosine (100 mg/kg per day) for 14 days. Subsequently, the patient was prescribed fluconazole (400 mg/day) in consolidation therapy for 8 weeks, followed by fluconazole (200 mg/day) as a maintenance therapy.

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Cryptococcus, an important pathogen among HIV-infected patients, mainly involves the lungs and central nervous system (CNS) [1]. Acquired immune deficiency syndrome patient (AIDS) patients with cryptococcal meningitis demonstrated common extraneuronal involvement, as high as 50 % [2]. Moreover, *C. neoformans* could be cultured from the nasopharynx up to 50 % of AIDS patients complicated with cryptococcosis [3]. Both domestic and wild animals (cats and koalas) are susceptible to cryptococcal infections; typically, the upper and lower respiratory tracts, CNS, and skin are commonly affected [4]. To our knowledge, this is the first account of a patient presenting with a cryptococcoma mimicking nasopharyngeal cancer. Failure to recognize the early clinical manifestations associated with cryptococcal infection in HIV-infected patients may lead to inappropriate treatment and poor prognosis; successful treatment of this case was attributable to early diagnosis and broad-spectrum antibiotic administration.

Conflict of interest On behalf of all the authors, the corresponding author states that there is no conflict of interest.

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