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Session: Mycology, Fungal Infections and Antifungal Drugs

Date: Friday, April 4, 2014

Time: 12:45-14:15

Room: Ballroom

### Cerebral venous sinus thrombosis: a rare complication in cryptococcal meningitis



E. Thiansukhon<sup>1,\*</sup>, A. Potigumjon<sup>1</sup>, N. Smitasin<sup>2</sup>

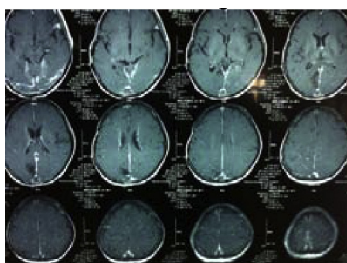
<sup>1</sup> Udon Thani hospital, Udon Thani, Thailand

<sup>2</sup> National university hospital, Singapore, Singapore

**Background:** Cryptococcal meningitis is a common opportunistic infection in patients infected with human immunodeficiency virus (HIV). The typical clinical manifestation is subacute headache, neck stiffness and fever. Cerebral venous sinus thrombosis is not a well-recognized complication after cryptococcal meningitis and rarely reported in the literatures.

**Methods & Materials:** We report a case of cryptococcal meningitis in HIV-infected Thai woman, complicated by cerebral venous sinus thrombosis.

**Results:** Forty-nine-year-old HIV-infected Thai woman presented with 2 weeks history of headache, vomiting and watery diarrhea. On examination, the patient had low-grade fever and neck stiffness. Lumbar puncture was performed given the clinical presentation of meningitis. Opening pressure was 30 cmH<sub>2</sub>O. Cerebrospinal fluid and blood culture grew *Cryptococcus neoformans*. The patient had CD4+ T-lymphocyte count of 70 cells/mm<sup>3</sup> (6%). The patient was treated with intravenous amphotericin B with initial improvement of symptoms. Subsequently, on day 8 of admission, the patient experienced severe headache and became lethargic. Lumbar puncture was performed to relieve intracranial pressure. Despite repeated attempts, the patient continued to deteriorate. On day 11 of admission, magnetic resonance imaging (MRI) of the brain revealed straight thrombi in both transverse and sigmoid venous sinuses, bilaterally, causing multiple hemorrhagic infarctions. The patient, then, became comatose and died the same night.



**Conclusion:** Cerebral venous sinus thrombosis is a rare complication after cryptococcal meningitis. It could be an under-reported complication since the study of the brain vasculature was rarely done. To date, this is the second case report of this complication in cryptococcal meningitis. The first case was reported in 27-year-old patient from Australia in 1994. (Ann Conf Australas Soc HIV Med. 1994 Nov 3-6; 6: 277) However, it was possible that cerebral venous sinus thrombosis could be from HIV-associated thrombosis with no relation to cryptococcal meningitis.



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### An unusual presentation of *Candida parapsilosis* infection in an immunocompetent host



U. Ibrahim, A. Culliford, R. Wetz, A. Khalil\*

Staten Island University Hospital, Staten Island, USA

**Background:** *Candida parapsilosis* is a frequently encountered non-albican yeast, currently recognized as the second most common *Candida* species isolated from blood cultures. *C. parapsilosis* may clinically manifest as fungemia, endocarditis, peritonitis, endophthalmitis, vulvovaginitis, and urinary tract infection. Invasive disease is usually observed in the setting of prolonged antibiotic use, ICU stay, diabetes, parenteral nutrition, neutropenia, catheters and prosthetic devices. Our case is a unique presentation of *C. parapsilosis* in an immunocompetent patient without any traditional risk factors.

**Methods & Materials:** Our patient was a 36 year-old man with autism, presenting with erythema, swelling and ulceration of the left thumb. He had a habit of biting and sucking on his thumb. On admission, he had a WBC count of 11,000 and an elevated ESR. An abnormal x-ray of the hand prompted an MRI, which confirmed our diagnosis of osteomyelitis of the distal phalanx. The patient was started on intravenous vancomycin. Six weeks later, the clinical examination and radiographic imaging of the thumb showed worsening of osteomyelitis and progression of the infection to involve the first inter-phalangeal joint. At this time, partial amputation of the distal phalanx was performed. A repeat x-ray done a few weeks later revealed persistent osteomyelitis requiring amputation of the proximal phalanx as well.



Left thumb on presentation

**Results:** Culture of the specimen revealed growth of *C. parapsilosis*. The patient was treated with two weeks of intravenous liposomal amphotericin B, followed by six months of oral fluconazole. He was regularly evaluated at the plastic surgery clinic. A