

Disseminated Cryptococcosis Presenting as a Soft Tissue Infection

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46 year old Ecuadorian man with a past medical history of uncontrolled type 2 Diabetes Mellitus and untreated HIV/AIDS (CD4 cell count 42 and viral load 18,826 at presentation) presented with a right lower extremity necrotic wound. This wound had been present for several months. Bedside debridement of this wound was done, pathology and cultures were sent. Pathology was positive for yeast forms consistent with *Cryptococcus*. Tissue cultures were positive for polymicrobial growth. Following are the pertinent results.

Tissue fungal cultures	<i>Cryptococcus neoformans</i>
Blood cultures	No growth
<i>Cryptococcus</i> serum antigen	1:124
CSF <i>Cryptococcus</i> serum antigen	1:4
CSF culture	<i>Cryptococcus neoformans</i>

MRI brain was negative for Cryptococcal lesions. CT scan of the chest was positive for cavitary and noncavitary pulmonary nodules compatible with cryptococcosis. Patient was treated with 2 weeks of IV amphotericin B liposomal and PO Flucytosine. Repeat CSF cultures were negative. Patient was discharged on PO Fluconazole.

Our case demonstrates the importance of suspecting atypical pathogens in immunocompromised patients. We also feel that it is important to rule out disseminated cryptococcal infections in similar patients who present with localized disease.

