

Chronic Fungal Meningitis

Phaeohyphomycosis causes a wide spectrum of systemic manifestations and can affect even the **immunocompetent hosts**. Involvement of the **central nervous system** is rare. A 48-year-old farmer presented with chronic **headache**, **fever**, and impaired **vision** and hearing. Serial **MRIs** of the brain showed enhancing exudates in the **basal cisterns**, and lesions in the **sella** and perichiasmatic and **cerebellopontine angle** regions along with enhancement of the **cranial nerves** and **leptomeninges**. **Cerebrospinal fluid** (CSF) showed lymphocytic **pleocytosis** with elevated **protein** and decreased **glucose** on multiple occasions. Clinical, imaging, and CSF abnormalities persisted despite treatment with antitubercular **drugs** and **steroids** for 2 years. **Biopsy** of the dura mater at the cervicomedullary junction revealed necrotizing granulomatous lesions, neutrophilic abscesses, and giant cells containing slender, pauci-septate, pigmented fungal hyphae. Fungal culture showed growth of **Fonsecaea pedrosoi**, which is classically known to cause **brain abscesses**.

Hesarur et al. reported the diagnostic odyssey in a patient with chronic **meningitis** from a region endemic for **tuberculosis** and describe the challenges in establishing the accurate diagnosis. Lack of therapeutic response to an adequate trial of empirical antitubercular therapy warrants search for alternative causes, including **fungal meningitis**. They highlighted the uncommon manifestation of *F. pedrosoi* with chronic meningitis as well as the protracted clinical course despite not receiving antifungal therapy ¹⁾.

¹⁾

Hesarur N, Seshagiri DV, Nagappa M, et al. Case Report: Chronic Fungal Meningitis Masquerading as Tubercular Meningitis [published online ahead of print, 2020 Aug 31]. Am J Trop Med Hyg. 2020;10.4269/ajtmh.19-0885. doi:10.4269/ajtmh.19-0885

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