

## Cryptococcal choroid plexitis

Central nervous system cryptococcal infections usually manifests as meningitis, meningoencephalitis, encephalitis or ventriculitis. Cryptococcal choroid plexus inflammation is a particularly rare entity most often presenting with signs and symptoms of intracranial hypertension, hydrocephalus or meningitis due to a delayed diagnosis.

Dubbioso et al reported the case of a 63-year-old immunocompetent woman with a history of temporal lobe epilepsy and behavioral disorders. Magnetic resonance imaging (MRI) and fluorodeoxyglucose positron emission tomographic (FDG-PET) images revealed atypical cryptococcal choroid plexitis with surrounding bitemporal edema without features of meningitis, intraparenchymal cryptococcoma or hydrocephalus. The patient underwent serial MRI and FDG-PET images performed before and after antifungal therapy that caused a marked clinical improvement. Ther case also suggests a potential role of FDG-PET in the monitoring antifungal therapeutic efficacy <sup>1)</sup>.

Kumari et al., present the imaging findings in an immunocompetent woman of a rare case of central nervous system cryptococcal [choroid plexitis](#) with trapped temporal horns, enlarged enhancing bilateral choroid plexuses and multiple intraventricular choroid plexus cysts <sup>2)</sup>.

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Talamonti G, Volonterio A, Picano M, Al Mashni A, Bolzon M, D'Aliberti G. Neuroendoscopic diagnosis and clinical management of cryptococcal choroid plexitis in an immunocompetent pregnant woman. *J Neurosurg Sci.* 2017 Apr;61(2):215-219. PubMed PMID: 27882904. <sup>3)</sup>.

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Kovoor et al present an unusual case of CNS cryptococcosis in an immunocompetent patient. Florid choroid plexitis resulted in the formation of intraventricular enhancing mass lesions that filled the ventricles and were hyperintense to associated periventricular edema on T2-weighted MR images. They also noted lesions corresponding to microcystic, dilated Virchow-Robin spaces in the basal ganglia that were characteristic of cryptococcal infection <sup>4)</sup>.

<sup>1)</sup>

Dubbioso R, Pappatà S, Quarantelli M, D'Arco F, Manganelli F, Esposito M, Santoro L. Atypical clinical and radiological presentation of cryptococcal choroid plexitis in an immunocompetent woman. *J Neurol Sci.* 2013 Nov 15;334(1-2):180-2. doi: 10.1016/j.jns.2013.08.010. PubMed PMID: 23988229.

<sup>2)</sup>

Kumari R, Raval M, Dhun A. Cryptococcal choroid plexitis: rare imaging findings of central nervous system cryptococcal infection in an immunocompetent individual. *Br J Radiol.* 2010 Jan;83(985):e14-7. doi: 10.1259/bjr/50945216. PubMed PMID: 20139243; PubMed Central PMCID: PMC3487264.

<sup>3)</sup>

Talamonti G, Volonterio A, Picano M, Al Mashni A, Bolzon M, D'Aliberti G. Neuroendoscopic diagnosis and clinical management of cryptococcal choroid plexitis in an immunocompetent pregnant woman. *J Neurosurg Sci.* 2017 Apr;61(2):215-219. PubMed PMID: 27882904.

<sup>4)</sup>

Kovoor JM, Mahadevan A, Narayan JP, Govindappa SS, Satishchandra P, Taly AV, Shankar SK. Cryptococcal choroid plexitis as a mass lesion: MR imaging and histopathologic correlation. *AJNR Am J Neuroradiol.* 2002 Feb;23(2):273-6. PubMed PMID: 11847053.

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