

Cryptococcus neoformans

Morphology

- **Yeast** with a **polysaccharide capsule**
- Round/oval cells with narrow-based buds

Epidemiology

- Soil and pigeon droppings
- Respiratory transmission
- Opportunistic infection in patients with **AIDS** (CD4 <100/mm³)

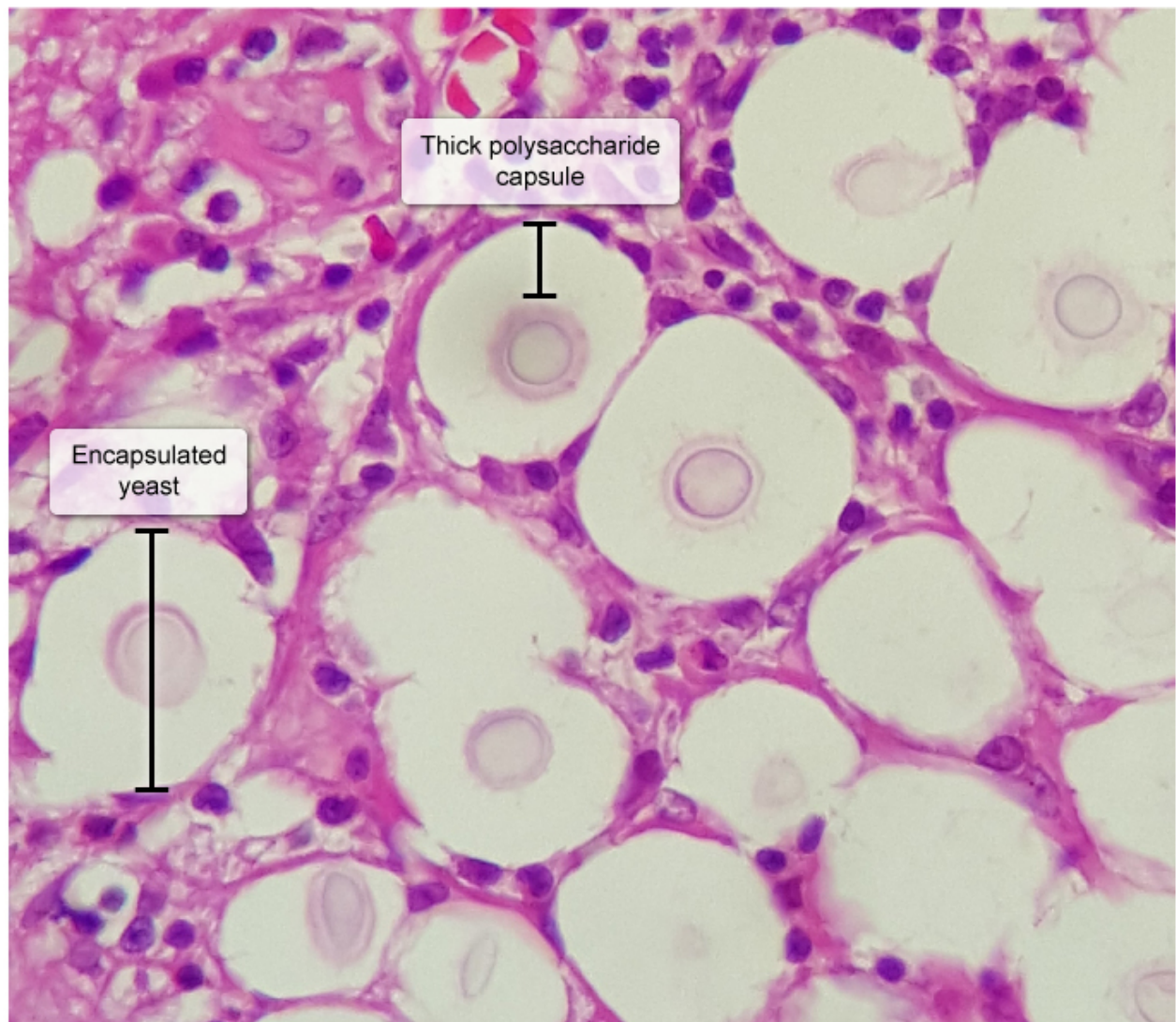
Infection

- **Meningoencephalitis:** Progressive headache, fever, confusion
- Possible disseminated disease

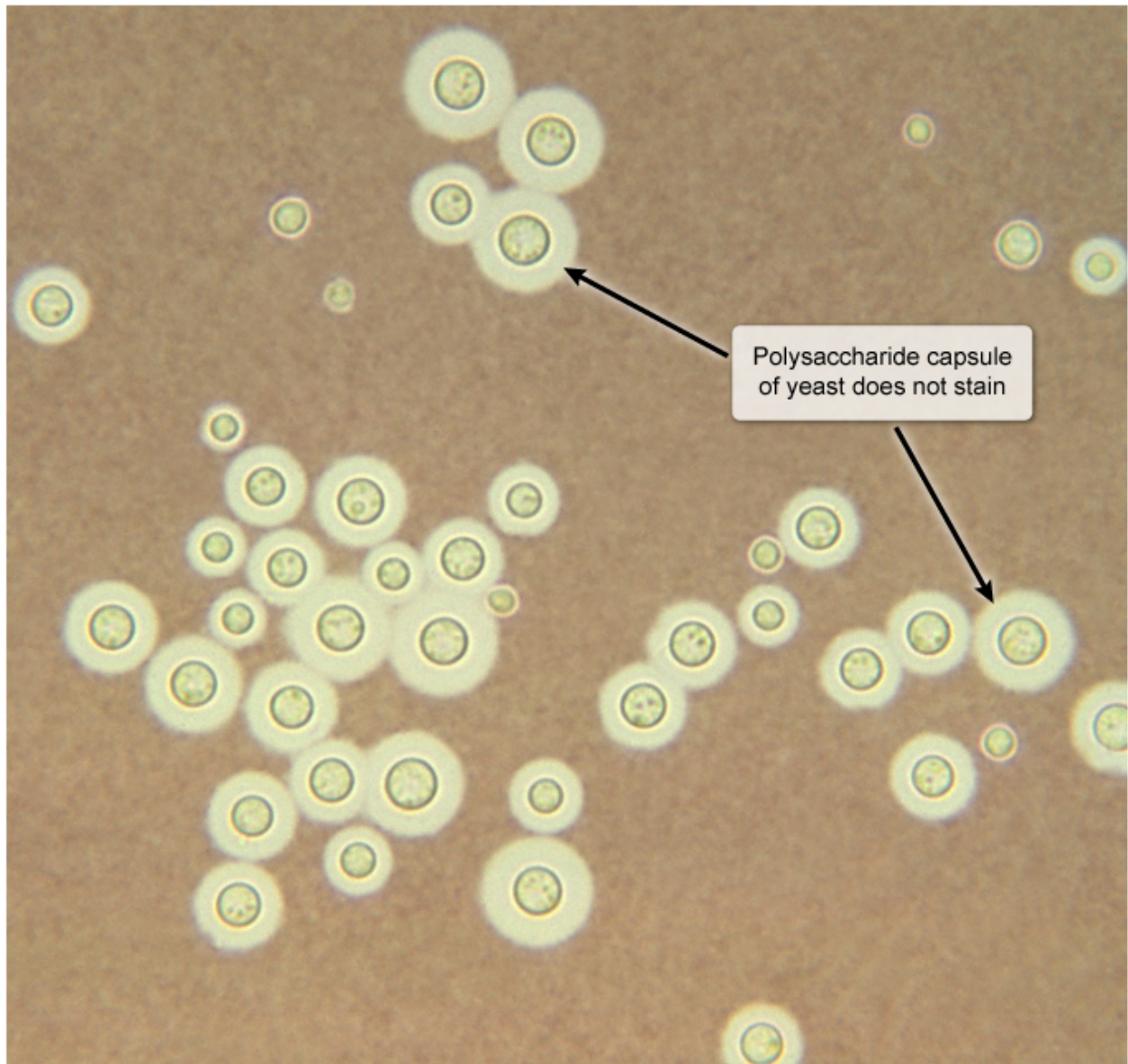
<p>Diagnosis</p>	<ul style="list-style-type: none"> • Lumbar puncture: ↓ glucose & ↑ protein & mild pleocytosis with a predominance of lymphocytes • India ink stain...> transparent capsule or methenamine silver of cerebrospinal fluid • Latex agglutination of cerebrospinal fluid • Culture using Sabouraud agar
<p>Treatment</p>	<ul style="list-style-type: none"> • Amphotericin B and flucytosine (induction) • Fluconazole (maintenance)

Fluconazole drugs inhibit the synthesis of ergosterol (fungistatic) , a crucial fungal cell membrane component.

Cryptococcal encephalitis

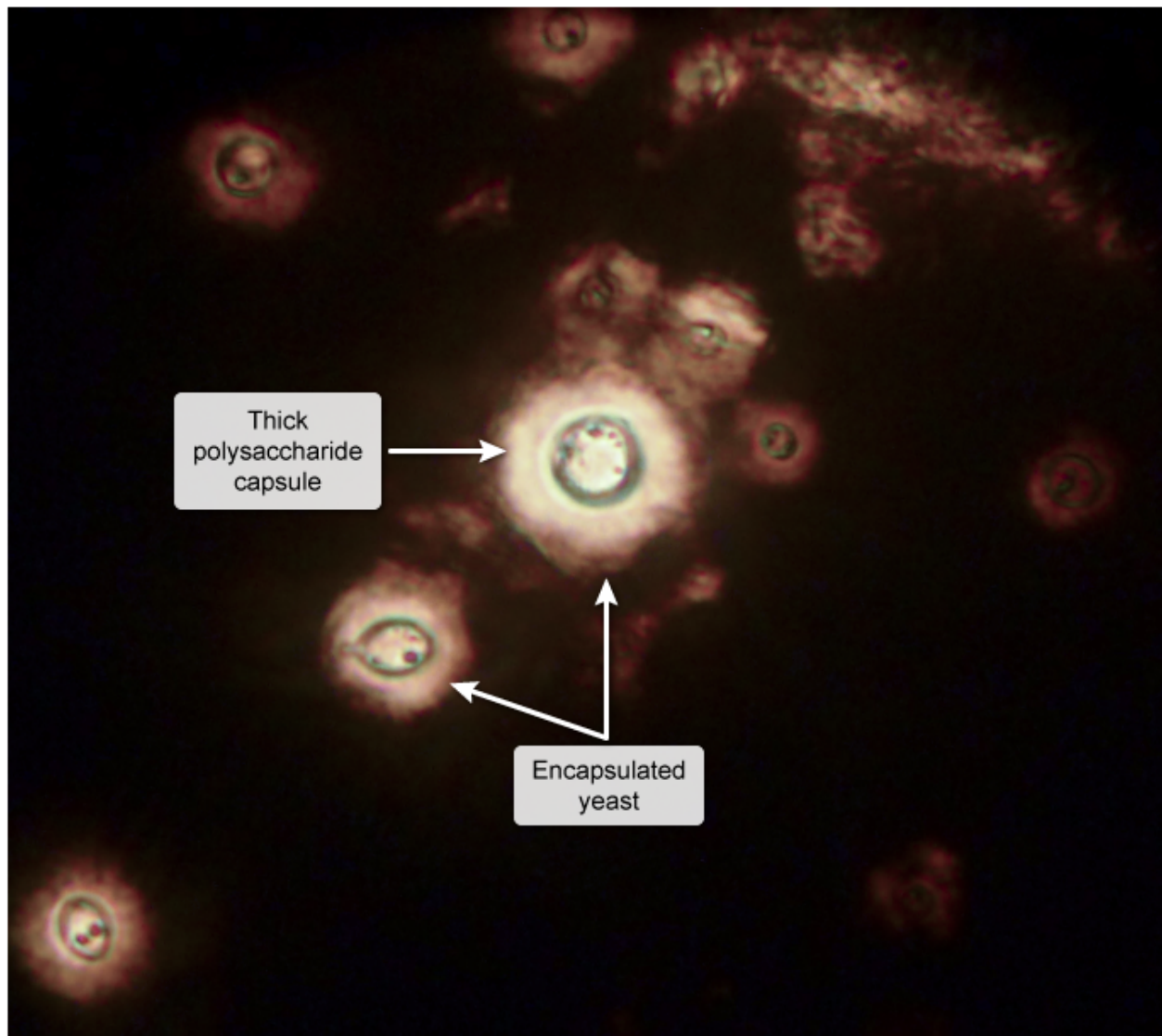


Cryptococcus neoformans



Cerebrospinal fluid, light India ink stain

Cryptococcus

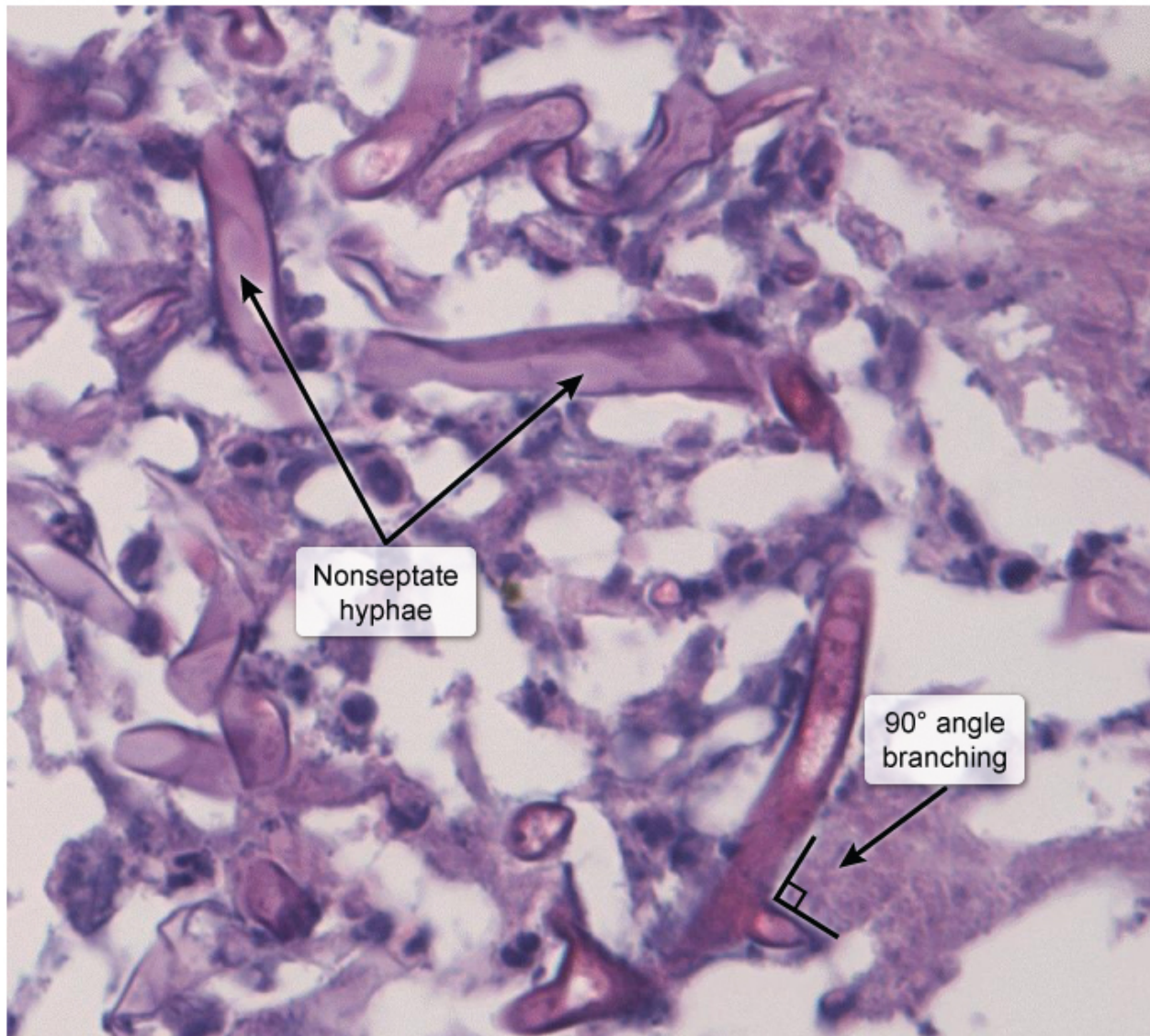


India ink stain

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** *Mucor* and *Rhizopus* species are characterized by nonseptate hyphae that branch at wide angles. These fungi cause severe infections of the paranasal sinuses (mucormycosis) in patients who are immunosuppressed (eg, diabetes mellitus).

Mucormycosis*

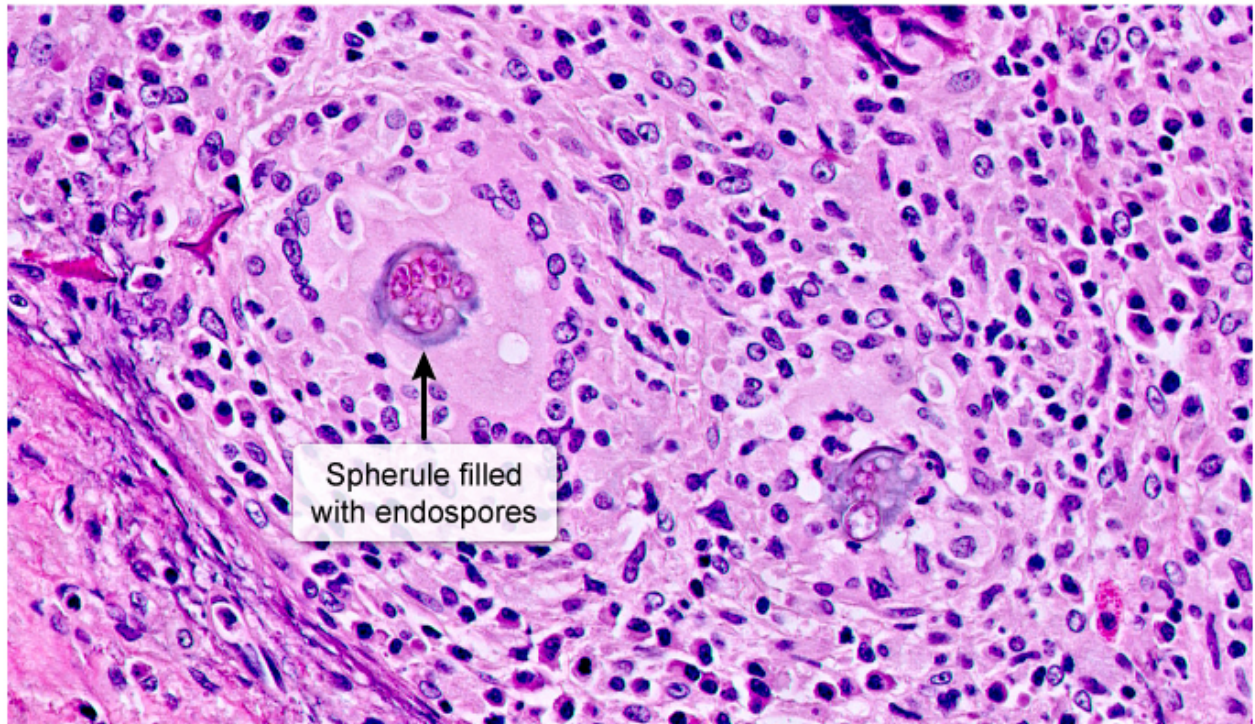


*Frequently due to *Rhizopus* or *Mucor*

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** *Coccidioides immitis* is associated with the formation of spherules, which then rupture to release endospores. This fungus primarily causes community-acquired pneumonia in endemic areas (eg, Arizona desert)

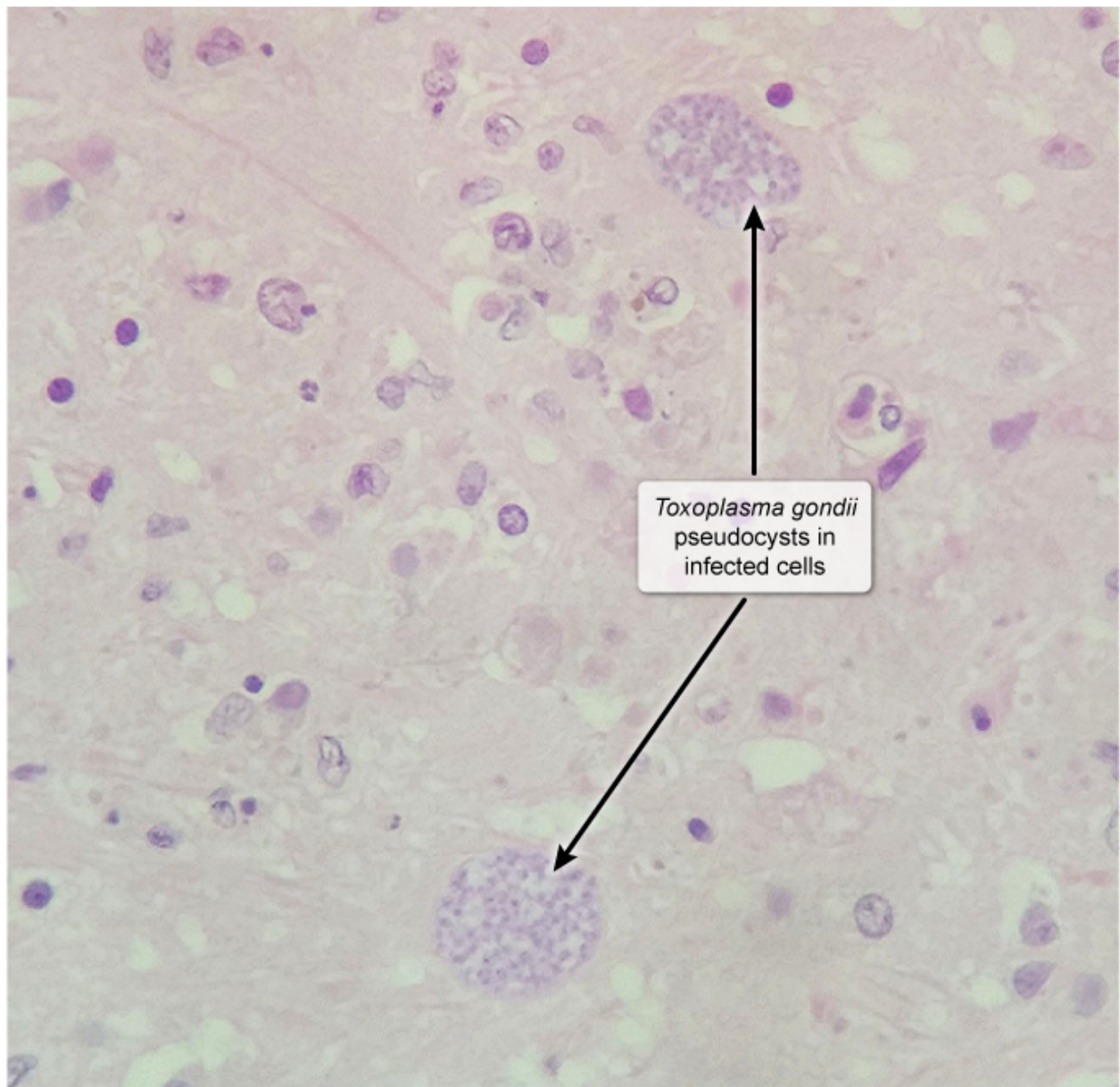
Coccidioides



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** Tuberculous (TB) meningitis is characterized by formation of a thick, gelatinous exudate in the base of the brain; cerebral vasculitis; and hydrocephalus. It frequently presents with subacute, slowly progressive nausea, vomiting, fever, cranial nerve deficits, and strokes.

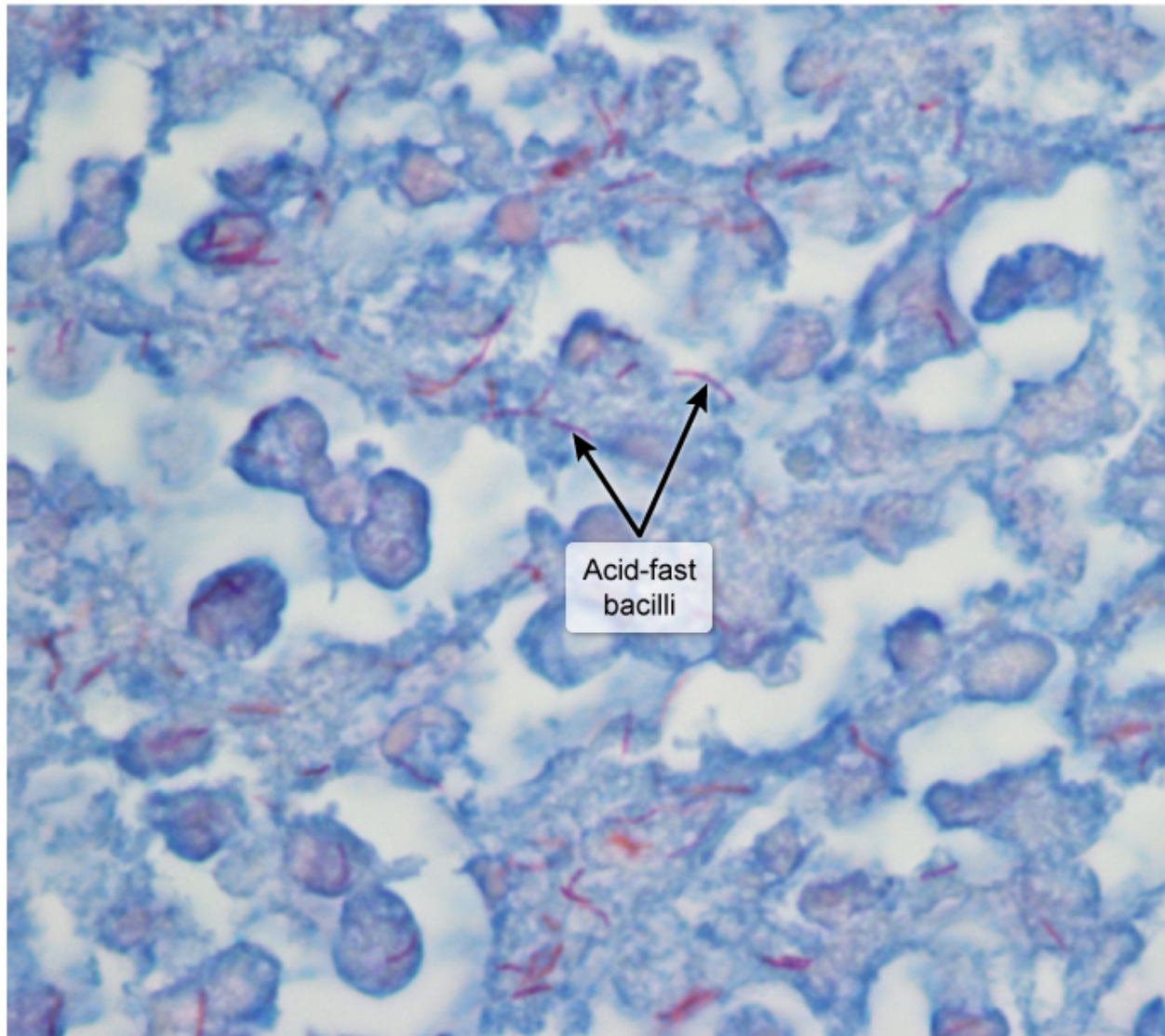
Cerebral toxoplasmosis



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* ***Toxoplasma gondii*** is a feline parasite (obligate intracellular) can cause encephalitis in patients with untreated AIDS.

Mycobacteria



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Acid-fast stain

* Mycolic acid is the primary component of the cell wall of *Mycobacterium tuberculosis*.

* 1stry inf. is pulmonary, and may cause CNS tuberculoma.

Differences between bacterial & viral meningitis

	Viral	Bacterial
	mostly aseptic meningitis	

<ul style="list-style-type: none"> • Enteroviruses (most common) <p>Common microbes</p> <ul style="list-style-type: none"> • Arboviruses • Herpes simplex virus type 2 	<ul style="list-style-type: none"> • Adults: <i>Streptococcus pneumoniae</i> & <i>Neisseriameningitidis</i> • Neonates: Group B Streptococcus (S agalactiae) & gram-negative bacilli
<p>CSF cell differential</p> <ul style="list-style-type: none"> • WBC count often $<500/\text{mm}^3$ • Lymphocytic predominance 	<ul style="list-style-type: none"> • WBC count often $>1,000/\text{mm}^3$ • Neutrophilic predominance
<p>CSF Glucose & protein</p> <p>Glucose levels are normal or slightly reduced</p> <ul style="list-style-type: none"> • Protein generally <150 mg/dL 	<ul style="list-style-type: none"> • Glucose levels <45 mg/dL • Protein is often >250 mg/dL
<p>CSF Gram stain & culture</p> <p>No organisms identified</p>	<ul style="list-style-type: none"> • Often positive for a specific organism
<p>CSF = cerebrospinal fluid; WBC = white blood cell.</p>	

* focal neurologic signs, seizures, and alterations in mental status should prompt consideration of other diagnosis like bacterial meningitis, encephalitis, and intracranial hemorrhage.