

Evidence of Pulmonary Disseminated Cryptococcosis: Diffuse Multiple Micronodules on Thoracic Computed Tomography



To the Editor:

Sperry et al¹ recently reported acute respiratory failure due to disseminated cryptococcal infection, and their pathologic analysis demonstrated *Cryptococcus neoformans* occluding intra-alveolar spaces and the pulmonary microvasculature. We recently described an extremely rare case² with disseminated cryptococcosis resembling miliary tuberculosis. The patient's serum cryptococcal antigen titer was markedly elevated (1/65,536), and acute respiratory failure progressed over 4 days. After the patient's death, a diagnosis of human immunodeficiency virus infection (CD4

cell count, 12/ μ L) was made. On the basis of the pathologic findings of Sperry et al, the diffuse multiple faint micronodules on thoracic computed tomography in our case might correspond to the lesions where abundant *C. neoformans* rapidly occluded intra-alveolar spaces or the pulmonary microvasculature, but did not form granuloma. Thus, it is possible that Sperry et al's case had multiple micronodules on chest x-ray or computed tomography together with a marked elevation of serum cryptococcal antigen titer.

Takeshi Saraya, MD, PhD
Hajime Takizawa, MD, PhD
Department of Respiratory Medicine
Kyorin University School of Medicine
Tokyo, Japan

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