



Images in medicine

Pulmonary cryptococcosis

Criptococosis pulmonar



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A 35-year-old male presented with a nine-month history of progressively worsening right hemithorax pain, dry cough, and occasional nocturnal diaphoresis. In the fifth month, his symptoms intensified, prompting hospitalization for community-acquired pneumonia, treated with a one-week course of antibiotics. Partial improvement was noted, but symptoms persisted. Physical examination revealed diminished breath sounds in the right lung base. A chest X-ray showed opacities in the perihilar and lower zones of the right lung, consistent with chronic infiltrates (Fig. 1A). Bronchoalveolar lavage via fiberoptic bronchoscopy revealed a predominance of neutrophils (87%), but tests for tuberculosis were negative. A transbronchial biopsy was performed, and the histopathological analysis demonstrated granulomas with extensive necrosis and vacuolated structures, which stained positively with Grocott and Gomori stains (Fig. 1B), confirming a diagnosis of pulmonary cryptococcosis by *Cryptococcus neoformans*. He was treated with oral fluconazole at 400 mg daily for six months, leading to significant clinical improvement.

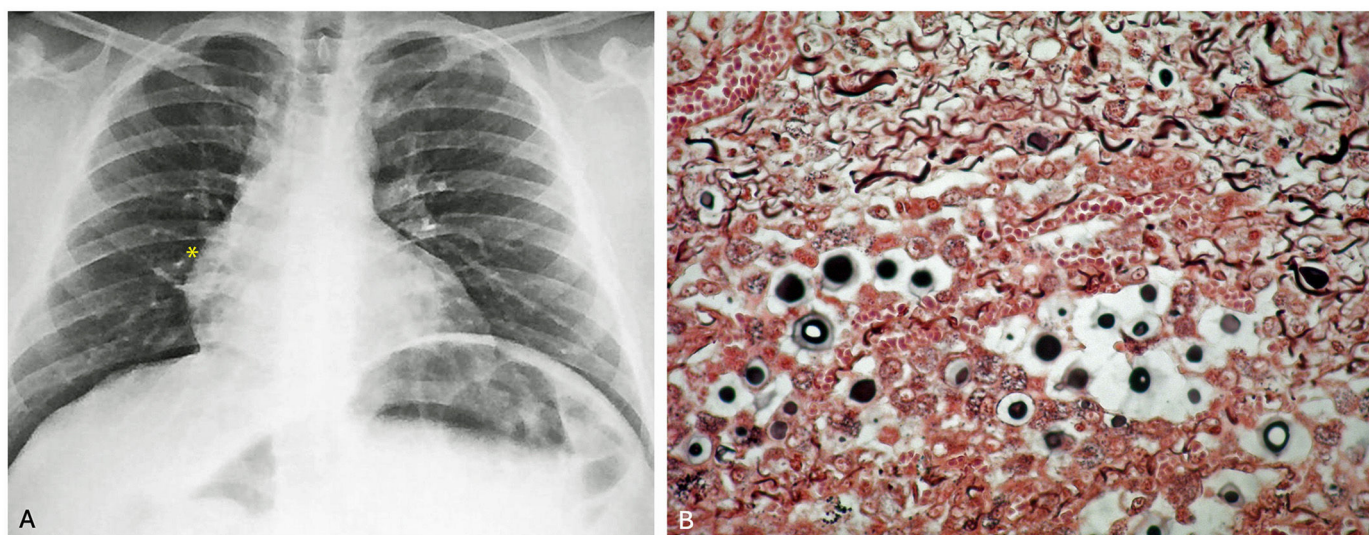


Figure 1. A. Initial Chest X-ray: Nodular opacity in the perihilar region and right lung base (yellow asterisk). **B.** Several encapsulated yeast-like structures were observed (Gomori stain, 40x).

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Ethical consideration

Patient written informed consent was obtained.

Ethical committee

Comité de Investigación de la UDEM.

Declarations of interest

None.

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