
**INTRACEREBRAL CRYPTOCOCCIC GRANULOMA**

**CASE REPORT**

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In their review of 178 cases of cryptococcosis with involvement of the central nervous system, Carton and Mount found 42 cases in which operation had been performed. Of these patients, 9 were shown to have single or multiple granulomatous masses in the brain or spinal cord, either during operation or at autopsy.

Further perusal of the literature revealed only 5 cases in which a sizable cryptococcus granuloma was removed from the brain surgically. The first case was reported by Gáspar in 1929. His patient had a 6 cm. mass in the left parietal region and died 3 weeks after operation. The second case was one of a cryptococcus granuloma in the left cerebellar hemisphere, reported by Dickmann, Veppo and Negri. Their patient was discharged against advice 1 month after surgery with evidence of generalized infection. In the third case, reported by Swanson and Smith, a granulomatous mass was completely removed from the right cerebellar hemisphere. The patient showed evidence of recurrence 4 months later and died 5 days after a second operation. In the fourth case, reported by Krainer, et al., there was a large cystic mass in the left “subfrontal” region. Their patient was living and well up to 11 months after operation, although he had evidence of systemic cryptococcosis. In the fifth case, reported by Daniel, Schiller and Vollum there was a mass in the left cerebellar hemisphere which contained cryptocococci bodies in the paraffin sections. The spinal fluid showed normal findings, but the nasal secretions contained the yeast bodies. Their patient died 5 months after surgery.
The following report is the 6th recorded case of a discrete, sizable intracerebral cryptococcic granuloma which was successfully removed.

**CASE REPORT**

A white man, aged 35, had been in excellent health until July 9, 1952. On that day, while he was working on a construction job in the hot sun, he suddenly collapsed, became unconscious and had a series of convulsions, characterized by rigidity and rolling of the eyes and face to one side. He was immediately taken to a nearby hospital where he regained consciousness after a few hours. A spinal tap was done the next day. The CSF was reported to be clear and colorless, with a cell count of only 1 per c.mm., total protein of 33 mg. per cent and a type A/B colloidal gold curve. No culture was taken. The patient improved and was sent home on dilantin and phenobarbital medication. Roentgenograms of the skull were subsequently taken at another clinic and showed "calcified spots in the brain." The patient was admitted to this hospital for further diagnosis and treatment.

Examination. On admission the patient appeared slightly undernourished, but was not acutely ill. He had no complaints. He was worried over the possibility of another seizure. His past history was not remarkable. He had never been out of this country.

Positive neurological findings were a fine rapid nystagmus on lateral gaze to either side, absence of the left abdominal reflex, hyperactive left knee reflex and an extensor plantar response on the left. The fundi were normal. Roentgenograms of the skull showed 5 round "balls" of calcification closely grouped together deep in the right frontal lobe. Each "ball" measured about 1.2 cm. in diameter (Fig. 1). They were interpreted as possibly calcifications in a tuberculoma, a parasitic cyst or calcification in some degenerative condition of the brain. The EEG showed a rather irregular record, with a consistent slow output of high voltage, 5 per sec. waves from the right frontal and anterior temporal regions.