OPTIC NEUROPATHY DUE TO CRYPTOCOCCUS GATTII NEURAL INFECTION

SOUZA, THC; JUNIOR GSM; BARBOSA PC; MIRANDA RAS; TAVARES ML; ZUCATTI CL; PINHEIRO AA; CARVALHO DMB.

PROPOSAL

This report describes the management and outcomes of a neural cryptococcosis infection with optic neuropathy.(1,2,3) A fungal infection contracted through inhalation, it affects the central nervous system and leads to diseases like meningitis and severe visual symptoms.(4)

METHODS

Case report, accompanied by Federal District health department, and multimodal evaluation with complementary exams and literature review.

RESULTS

A 45-year-old Brasília woman, without medical history, developed mild, nonspecific symptoms: sporadic fever, malaise, persistente headaches for 3 weeks, progressing to consciousness decline, worse headaches, fever, nausea at hospitalization. Diagnosed with intracranial hypertension, she needed decompression, cerebrospinal fluid (CSF) collection, cultures, blood tests. The results exclusively Cryptococcus gattii meningitis, amphotericin B-susceptible. Within a week, she reported vision Blur (visual acuity 20/400), left eyelid droop, divergent strabismus; optic nerve edema, hemorrhages, peripapillary exudates, and left inferior preretinal hemorrhage were noted. Meningitis diagnosis, supported by ophthalmological findings, indicated Cryptococcus gattii optic neuropathy. Treatment included Amphotericin B (5 mg/kg/day) for 6 weeks, intravenous corticosteroids, and strict intracranial pressure management. Post-treatment, she showed improved oculomotor function and visual acuity: 20/400 right eye, 20/40 left eye; exams showed optic nerve pallor, especially in the right eye, resolved papilledema, and scarring from prior neuroretinitis in both eyes.

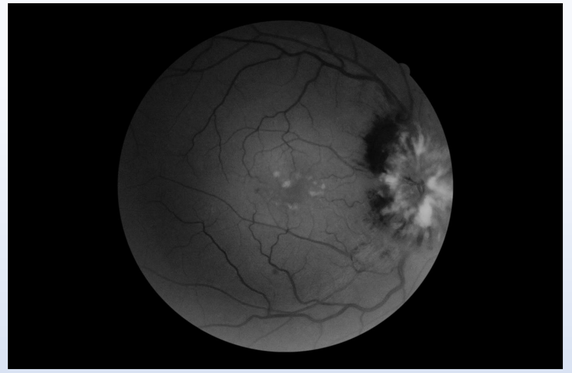
IMAGES

Color retinography exams (A and C) and annerite filter (B and D) referring to the time of diagnosis:

A

B

C



D

DISCUSSION

Neural cryptococcosis infection, mainly caused by Cryptococcus neoformans and Cryptococcus gattii, may manifest nonspecific symptoms potentially escalating to severe symptoms such, even in immunocompetent patients.(3,5) The treatment was relatively delayed but managed to partially restore the function of the left eye.(6,7) This case highlights the critical need for early diagnosis and aggressive treatment strategies in managing cryptococcal infections to prevent irreversible damage and improve patient outcomes.(8,9)

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