

Disseminated Cryptococcus Masquerading as Large Abdominal Mass Concerning for Pancreatic Malignancy in HIV-Positive Patient

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Introduction

- Gastrointestinal cryptococcus is a rare occurrence in HIV positive patients
- Symptoms usually nonspecific thus differential for abdominal mass should remain broad
- We report a patient with HIV who presented with abdominal pain and watery diarrhea who was found to have a large abdominal mass on CT thought to be lymphoma or primary pancreatic tumor
- EUS-guided biopsy revealed mass to be a cryptococcoma

Case Description

- 55-year-old male presented with severe, diffuse abdominal pain for 1 week associated with diarrhea, chills
- 30-year history of HIV with poor compliance with ART, recent pneumocystis pneumonia and previous cryptococcal meningitis
- CT scan revealed ill-defined cystic/necrotic upper abdominal lymphadenopathy with mass effect and invasion of adjacent liver (Fig 1)
- Pancreas and caudate lobe inseparable from the mass, raising suspicion for malignant process
- EUS-guided biopsy was obtained (Fig 2)
- Pathology consistent with cryptococcoma (Fig 3)

Labs

- White blood cell count: 18.5 K/uL with 84% Neutrophils
- Lipase: 16 U/L
- Viral load: 109,385 copies/mL
- Absolute CD4 count: 56 lymphocytes/uL
- Liver chemistries: within normal limits
- Stool studies: negative

Follow Up

- Started on amphotericin B and transitioned to high dose fluconazole due to adverse effects
- Repeat imaging showed significant reduction in mass and mesenteric lymphadenopathy (Fig 4).
- Discharged in stable condition on indefinite fluconazole therapy

Discussion

- Cryptococcal infection remains second most common cause of AIDs-related mortality after tuberculosis
- Common sites of cryptococcal infection are lungs, brain, eyes, central nervous system; abdominal dissemination is rare
- Biopsy via EUS can be useful in diagnosis of abdominal cryptococcoma
- Early identification and treatment can increase survival rates

References

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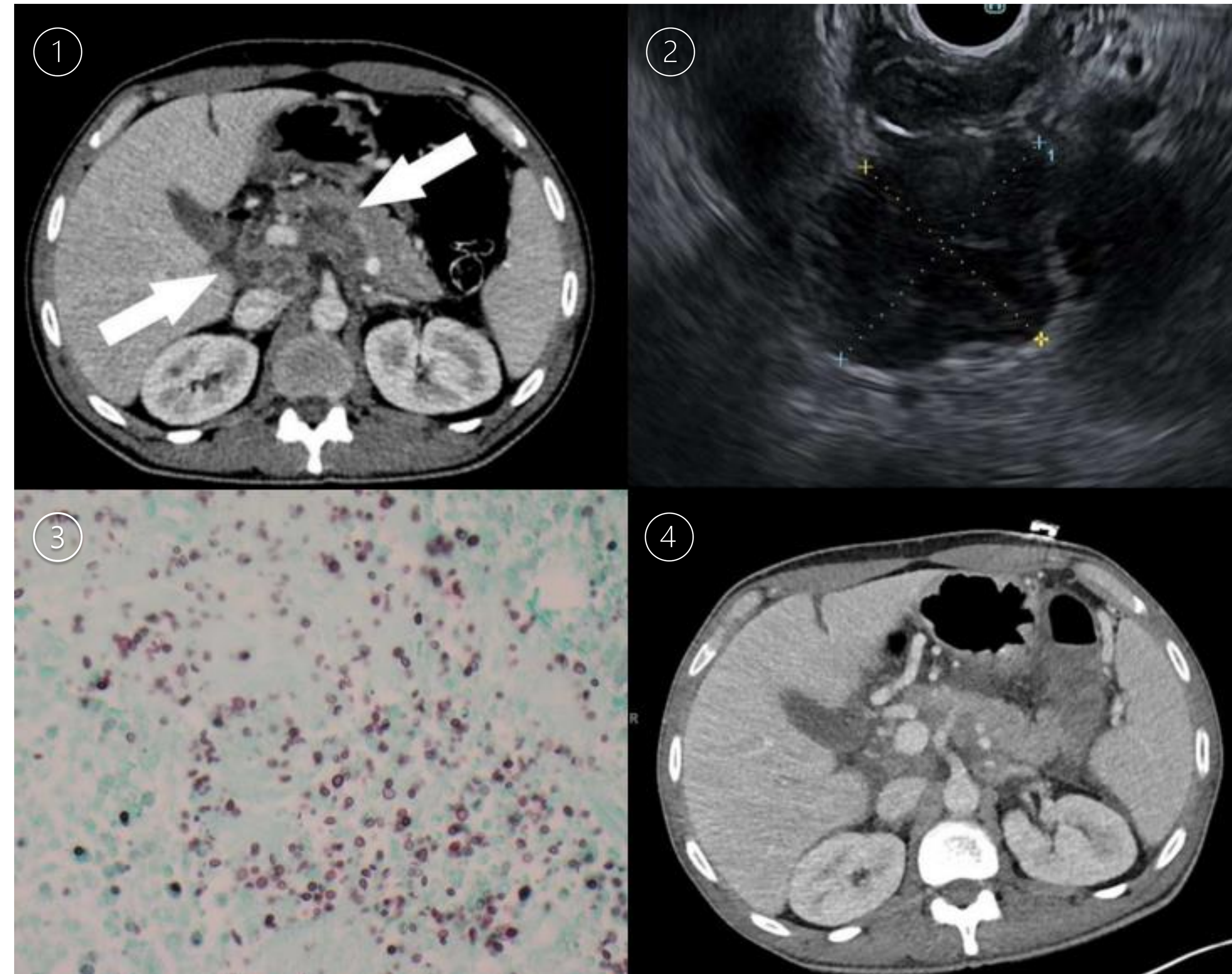


Fig 1: CT image showing ill-defined cystic/necrotic upper abdominal lymphadenopathy with mass effect and possible invasion of the adjacent liver

Fig 2: Endoscopic ultrasound imaging showing peripancreatic mass

Fig 3: Grocott's Methenamine Silver stain showing fungal yeast with narrow base budding

Fig 4: Significant reduction of the mesenteric lymphadenopathy after antifungal therapy initiation