Pulmonary cryptococcosis mimicking solitary lung cancer in an immunocompetent patient

A 48-year-old Chinese male henhouse keeper was admitted with dyspnoea. A plain chest radiograph and CT scan indicated a solitary right lung mass with invasion to the trachea (fig 1A and B). Positron emission tomography with $^{18}$-fluoro-2-deoxy-D-glucose (FDG-PET) showed accumulation in the lung mass (fig 1C). A transbronchial biopsy specimen provided a pathological diagnosis of pulmonary cryptococcosis (fig 2). There were no malignant cells in the specimen. A fungus culture grew Cryptococcus neoformans, but a study of the cerebrospinal fluid showed no evidence of cryptococcal meningitis. A serum HIV test was negative. The patient was treated with oral itraconazole 400 mg/day for 1 year without surgical intervention. A CT scan of the thorax after 2 years showed no evidence of the pulmonary lesion.

DISCUSSION

The high-resolution CT characteristics of pulmonary cryptococcosis in immunocompetent patients are multiple nodules and solitary nodules. FDG-PET is a relatively new imaging modality that facilitates the distinction between benign and malignant lesions, but some reports show accumulation on chronic inflammation.

Learning points

- Pulmonary cryptococcus can present as a malignant mass with positive accumulation on the FDG-PET scan.
- Antifungal drugs may be an appropriate treatment without surgical intervention.

E-T Chang,1 A H Wang,3 C-B Lin,1 J-J Lee,1 S-H Liu2
1Chest Medicine, Department of Internal Medicine, Buddhist Tzu Chi General Hospital, Hualien, Taiwan, ROC; 2Department of Nuclear Medicine, Buddhist Tzu Chi General Hospital, Hualien, Taiwan, ROC; 3Department of Bioengineering, School of Engineering and Applied Science, University of California-Los Angeles, Los Angeles, California, USA

Correspondence to: Dr C-B Lin, 707, Sec. 3 Chung-Yang Rd, Hualien, Taiwan 970, ROC; evan7822@yahoo.com.tw

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