

Mediastinal lymphadenopathy in a high TB endemic region - An uncommon intruder

N. Vennilavan (Dr), D. Bhatkar (Dr), GS. Grace (Dr), U. Bhattu (Dr), A. Ingla (Dr), V. Balasubramanian (Dr)*
Yashoda Hospitals, Somajiguda, Hyderabad, India

Introduction

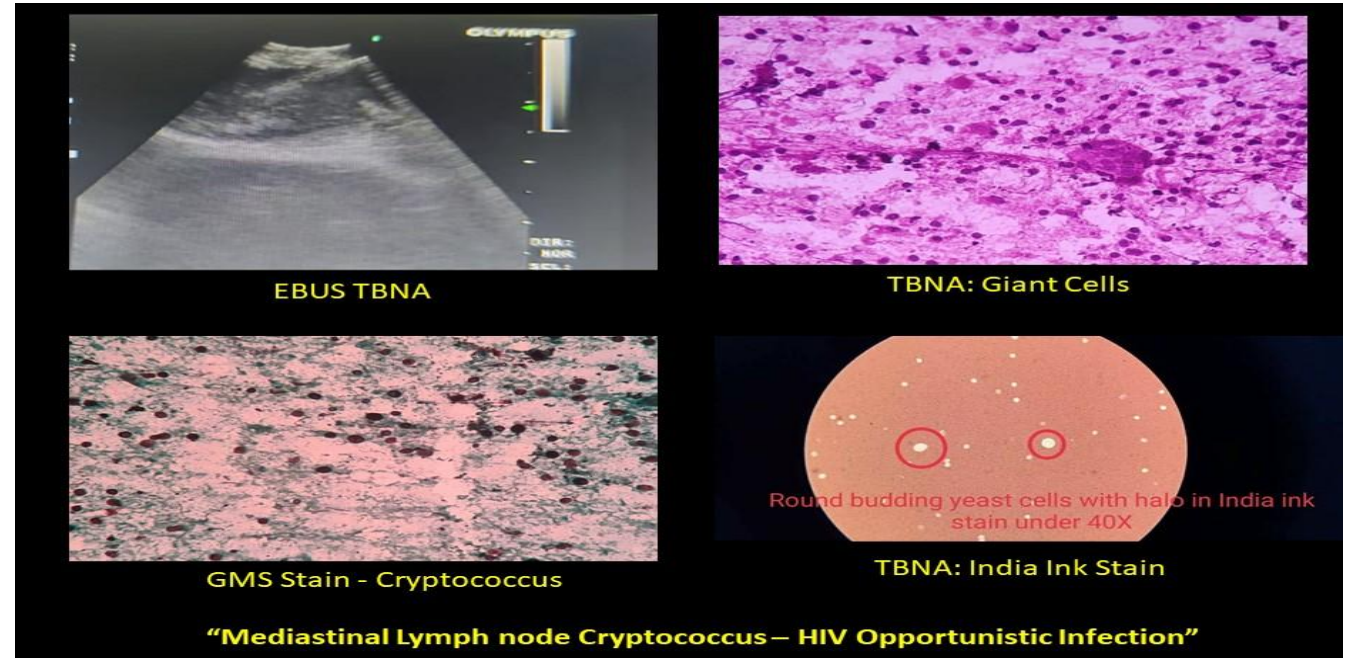
Cryptococcus is an opportunistic infection caused by encapsulated organism *Cryptococcus neoformans* which is ubiquitous in nature. Though primary infection is by inhalation route with localisation to lungs, dissemination to CNS, skin, bone and other viscera are reported in those with severe immunosuppression. Pulmonary cryptococcus most commonly manifests as multiple scattered lung nodules and consolidation. Isolated mediastinal lymphadenopathy secondary to cryptococcus in an immunocompromised patient is extremely rare. Here we present a case of **isolated mediastinal lymphadenopathy secondary to cryptococcus in a patient with human immunodeficiency virus** diagnosed with endobronchial ultrasound in a high tuberculosis endemic region

Case report

A 50 year old lady with no known prior comorbidities presented with complaints of low grade fever, loss of appetite and loss of weight for 2 months. There was no history of cough, breathlessness, hemoptysis and fever. Her vitals were normal.

On routine evaluation she was found to be **HIV reactive with CD4 counts of 66 cells/microl.** Chest Xray PA showed mediastinal widening. HRCT Chest revealed right paratracheal and subcarinal lymphadenopathy with normal lung parenchyma.

She was then subjected to EBUS TBNA with a high pre procedure suspicion of tuberculosis.



On TBNA ROSE giant cells along with fungal elements were seen with budding yeast cells. **EBUS TBNA India ink stain showed budding yeast cells with halo around in a black background** suggestive of cryptococcus which was confirmed with fungal culture. TBNA CBNAAT was negative for TB. Patient was initiated on anti retroviral treatment along with fluconazole based on drug susceptibility testing.

Conclusion:

To the best of our knowledge this is the **first case report of cryptococcal mediastinal lymphadenopathy diagnosed by endobronchial ultrasound in a patient with HIV in a high TB endemic region.**