

Cryptococcal Meningitis with Cerebral Herniation

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Commentary

Cryptococcus neoformans (

potential microbiologic failure [19]. Permanent ventriculoperitoneal (VP) shunt placement is a safe and effective way of therapy [13,21-24], even in the status of IICP (>500 mm CSF) without evidence of hydrocephalus [20]. Besides, premedication with antifungal drugs before surgical procedure is unnecessary [24].

Delay in the diagnosis or treatment of patients with hydrocephalus is associated with poor outcome [4]. Control of intracranial pressure could be one of the most important determinants of outcome [21-24]. Patients with hydrocephalus whose Glasgow coma scale >9 had been shown to have better outcome following permanent shunt placement [21]. However, the duration of disturbance of consciousness or change of mentality before shunting is critical in determination of the outcome of the treatment [24].

In conclusion, cryptococcal meningitis with hydrocephalus and cerebral herniation may be refractory to antifungal therapy and VP shunting. As sequential changes of brain abnormalities may occur any time throughout the disease course, further imaging study is important in followed up of patients with poor consciousness and responsiveness to treatment although treatment is undergoing and several image studies have already been performed.

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