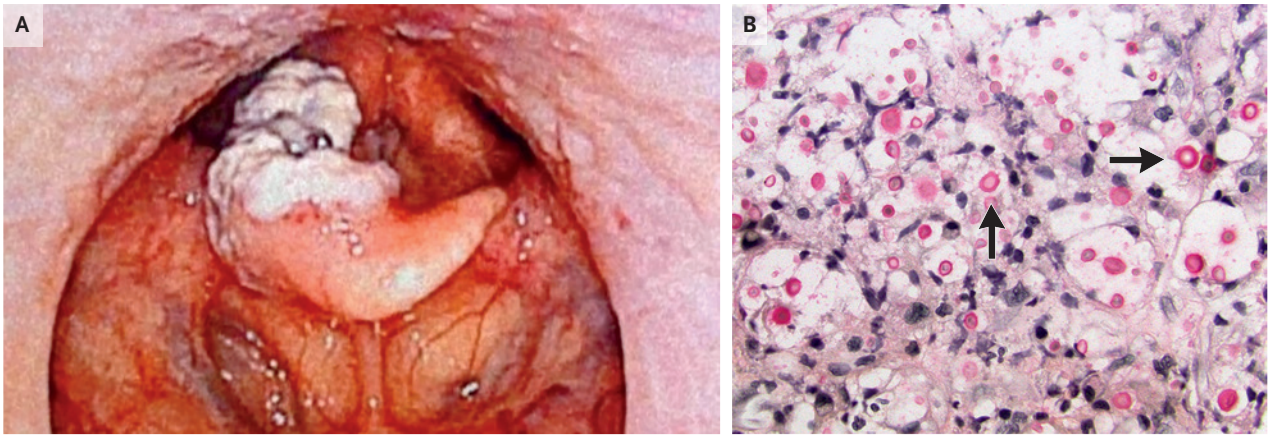
IMAGES IN CLINICAL MEDICINE

Stephanie V. Sherman, M.D., *Editor*

Laryngeal Involvement in Disseminated Cryptococcosis



A 46-year-old woman with multiple myeloma presented to the otolaryngology clinic with a 2-month history of hoarseness and the sensation of "swallowing broken glass" when eating and drinking. She also reported a new-onset, throbbing headache. Five years before presentation, she had undergone autologous stem-cell transplantation. At the time of this presentation, she was receiving treatment with daratumumab, pomalidomide, and dexamethasone. The physical examination was unremarkable. Flexible fiberoptic laryngoscopy showed an exophytic mass with friable mucosa involving the laryngeal surface of the epiglottis, aryepiglottic fold, and false vocal fold on the right side (Panel A). A biopsy and debulking of the lesion were performed by means of direct laryngoscopy. Histopathological analysis of the specimen showed benign squamous mucosa and encapsulated yeast forms (Panel B, arrows; mucicarmine stain). Culture of the tissue grew *Cryptococcus neoformans*. Additional evaluation identified very high titers of cryptococcal antigen in the serum and cerebrospinal fluid (CSF). A culture of CSF also grew *C. neoformans*. A diagnosis of disseminated cryptococcosis with laryngeal involvement was made. Laryngeal infection with cryptococcus is uncommon and results from hematogenous spread or direct inhalation of fungal organisms. One month after the initiation of antifungal therapy, the patient's throat symptoms had resolved, and a repeat laryngoscopy showed no residual mass.

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