



FROM INFECTION TO INFARCTION: FUNGAL INFECTION AS UNUSUAL CULPRIT IN CNS STROKE

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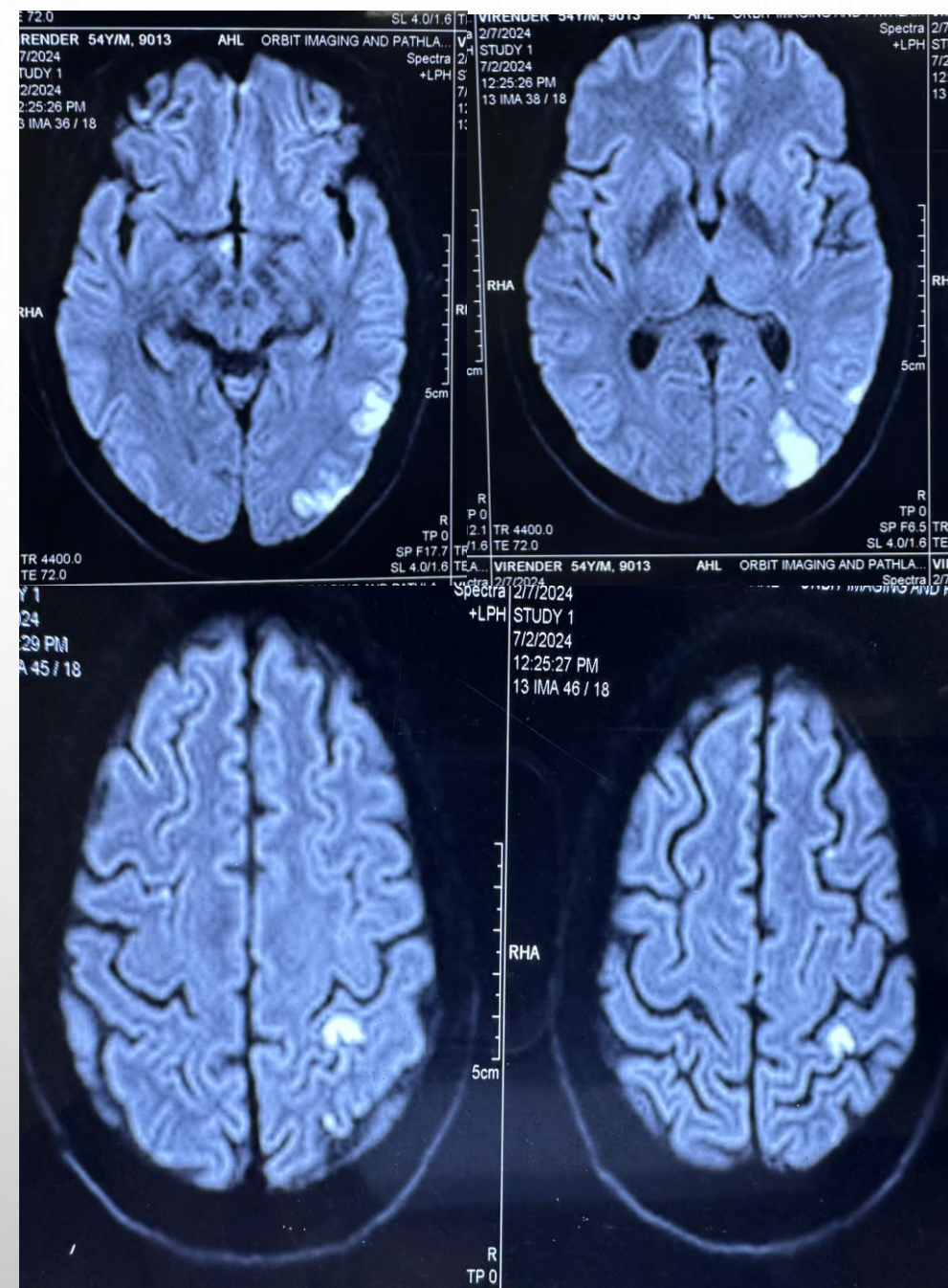
INTRODUCTION:

- Central nervous system (CNS) ischemic events caused by fungal infections are rare, and clinical characteristics of these ischemic events are largely unknown.
- We present a case initially presenting as stroke which later turned out to be fungal infection of the CNS.

CASE:

- Known case of T2DM since 15 years presented with presented with complaints of new onset headache which was of migrainous phenotype since 1 week and numbness over right side of face mainly over cheeks since 4 days.
- No h/o neck pain, speech abnormality, limb weakness.
- Examination:
- CN- Right Horner syndrome with V2/V3, bilateral 6th and 8th nerve involvement.
- Motor/sensory/cerebellar/EPs/Gait/Skull and spine- wnl

INVESTIGATIONS	
Routine blood workup	Wnl
NCCT head CT angiography of head and neck	Wnl
MRI Brain 1	Multiple areas of acute infarcts in left temporooccipital, left frontoparietal lobe. Acute lacunar infarct in right frontoparietal lobe
ANA/ENA/Vasculitis Profile	Negative
DSA	Severe short segment atherosclerotic stenosis (90%) at left ICA origin.
MRI Brain 2	Spheno-ethmoidal type sinusitis with skull base osteomyelitis and perineural spread along the right 3rd and 5 th nerve.
DNE KOH mount/fungal culture	Negative



TREATMENT

- Antiplatelet and Statin.
- The patient was initially given steroids with no improvement in symptoms.
- Liposomal Amphotericin B and Voriconazole was given.
- The patient improved significantly after antifungals.

DISCUSSION

- Fungal infections of the central nervous system have been implicated in causing ischemic stroke
- CNS fungal infections and their relationship to stroke is an understudied topic.
- Patients with an indolent, recurrent, or chronically progressive course with ischemic strokes should be evaluated for CNS fungal infection, regardless of immune status.

CONCLUSION

- Ischemic stroke secondary to CNS fungal infections should be considered in patients with recurrent or progressive cryptogenic stroke, regardless of immune status and cerebrospinal fluid profile.
- Depending on clinical suspicion, a thorough diagnostic approach including spinal fluid analysis and biopsy should be considered and should be managed aggressively.

REFERENCES

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