Infratentorial subdural effusion: an imaging hint of a first-seen intracerebral *Corynespora cassiicola* infection

Xindi Song¹, Wei Dong², Jing Zhou³ and Xiaoqi Xie²*

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An immunocompetent 22-year-old man was admitted to intensive care unit (ICU) for coma and progressive cerebellar herniation. He presented with headache, worsening consciousness and fever for 1 month. Magnetic resonance imaging (MRI) on admission was characterized by infratentorial subdural effusion, and bilateral, symmetric leptomeningeal enhancement and parenchymal abnormality in the cerebellum (Fig. 1a, b, c). Cerebrospinal fluid (CSF) galactomannan (GM) was elevated. *Corynespora cassiicola* was identified using next-generation sequencing (NGS) of CSF. He was treated with 41-day amphotericin B (100 mg qd) and voriconazole (200 mg q12h), and 5-day immunoglobulin (20 g qd). MRI abnormality diminished at 39 days of antifungal therapy (Fig. 1d). He recovered with a Glasgow Coma Scale (GCS) of E4VTM5 and was released after 51 days in ICU. He continued antifungal treatment at a local hospital for 2 months and was able to walk independently.

*Corynespora cassiicola* is a plant pathogen opportunistically infecting humans. To our knowledge, it has never been reported as a cause of intracerebral infection. Unlike common manifestations of fungal infection, this case did not show local abscess, necrosis or ring enhancements. Clinicians should consider the possibility of this rare cause in patients presenting with similar cerebral lesions. Diagnosis could be cross-confirmed by multiple methods (e.g., NGS and GM). Timely treatment could lead to favorable prognosis.
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Author details
1 Department of Neurology, West China Hospital, Sichuan University, Chengdu, China. 2 Department of Intensive Care Medicine, West China Hospital, Sichuan University, 37 Guo Xue Xiang, Chengdu 610041, China. 3 Department of Urology, West China Hospital, Sichuan University, Chengdu, China.

Declarations

Conflicts of interest
We declare that we have no financial and personal relationships with other people or organizations that can inappropriately influence our work, and there is no professional or other personal interest of any nature or kind in any product, service and/or company that could be construed as influencing the position presented in, or the review of, the manuscript.

Human and animal rights
The human study had been performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments. Written consent for publication was obtained from the immediate family of the patient.

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Fig. 1  The brain MRI of the patient. Non-contrast FLAIR-weighted imaging shows bilateral and symmetric parenchymal abnormality in the cerebellar hemisphere (a). Enhanced T1-weighted imaging shows the bilateral and symmetric cerebellar leptomeningeal enhancement (b, blue arrow). T2-weighted imaging shows the infratentorial subdural effusion and parenchymal abnormalities of the cerebellum. The cerebellum is compressed and deformed (c). The follow-up MRI after 39 days of antifungal therapy shows the normalization of both effusion and parenchymal abnormalities in T2-weighted imaging (d).
