



Fig. 1. Cryptococcal meningitis in an otherwise healthy young man – the puzzle solved.

A puzzling case of cryptococcal meningitis

To the Editor: We recently admitted a young immunocompetent man with cryptococcal meningitis. He presented alone, and a combination of language barrier and blunted cerebral function hampered history taking. He described 1 week of headache and fever, and gave a vague account of a penetrating head injury 6 months previously.

It was difficult to explain why this otherwise healthy young man, with no evident risk factors for poor T-cell function, had encapsulated yeasts growing in his cerebrospinal fluid. Multiple HIV rapid antigen tests were negative, and 2 weeks of intravenous amphotericin B and oral fluconazole did little to improve his condition.

We were poised to embark on the somewhat lengthy referral procedure for a computed tomography brain scan at our tertiary centre when our patient noticed a small amount of pus discharging from a scar on his scalp. A firm prominence was palpated just under the scar, and a subsequent X-ray solved the mystery (Fig. 1).

After surgical removal of the knife blade, the meningitis resolved within several days. The patient was then able to give a more detailed history, and it transpired that he had not come to hospital after the initial injury 6 months earlier because of transport and financial constraints.

A retained foreign body is an often-overlooked differential diagnosis in patients who present with atypical infection.^[1] A good history is the single most useful tool in making the diagnosis. This has been well described in the context of inhaled objects in the paediatric population.^[2]

Difficulty in obtaining a complete history can delay diagnosis and definitive treatment. Maintaining a high index of suspicion, and early use of simple imaging where there is any possibility of prior penetrating trauma, may assist in early exclusion of a retained foreign body. Making a delayed diagnosis by means of unnecessary and expensive investigations at tertiary referral centres can then be avoided.

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S Afr Med J 2014;104(11):720. DOI:10.7196/SAMJ.8804