







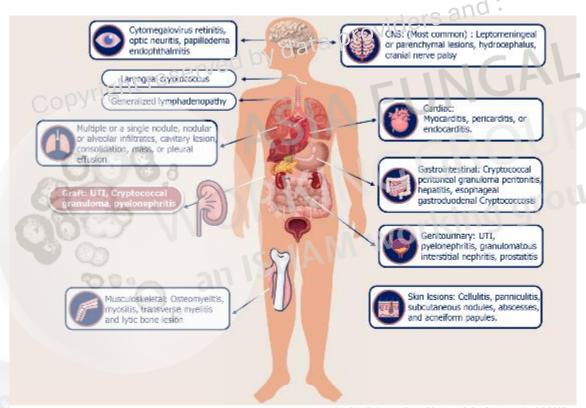


Kartika Maharani

Case 3: Cryptococcal infection

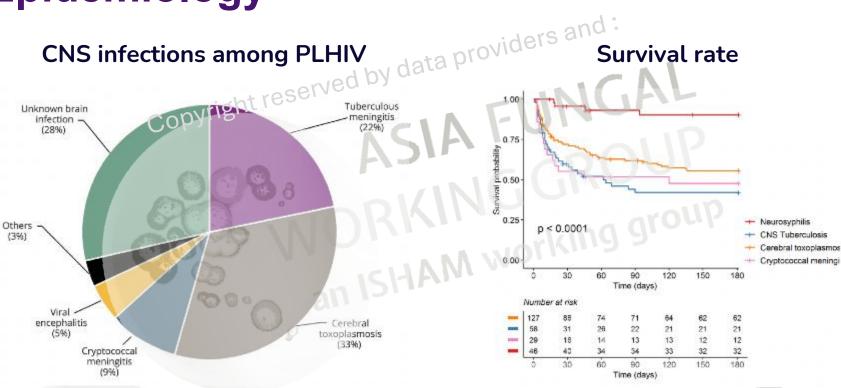


Cryptococcal infection





Epidemiology





Imran et al. Neurology Clin Pract. 2019 Maharani, et al. Infection. 2024

Barriers in care



1. Clinical management

2. Fungal clearance

3. Treatment shortage

4. Treatment toxicity

5. HIV management



Patient 1



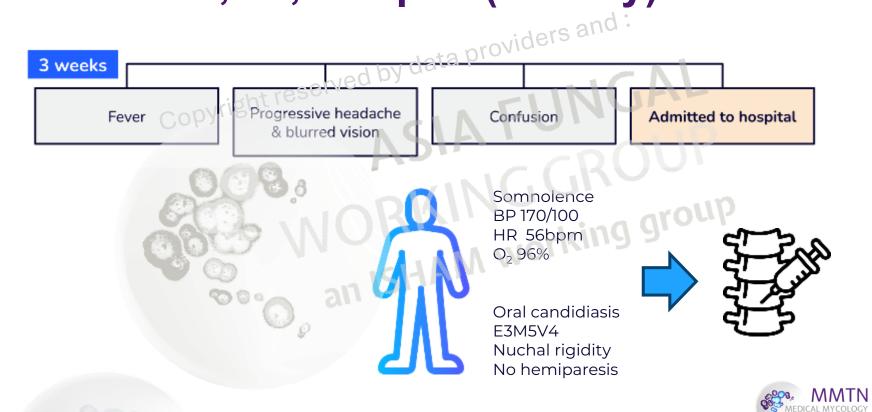


Presented to the ER with 2-days history of confusion (New HIV diagnosis)





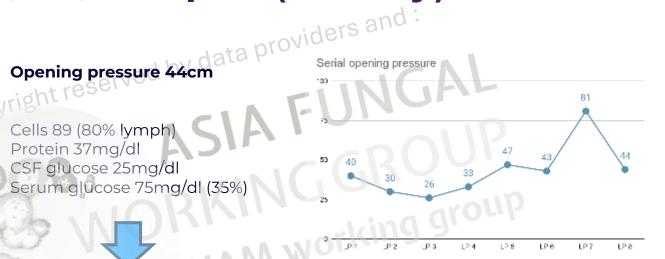
M, 32, HIV pos (History)

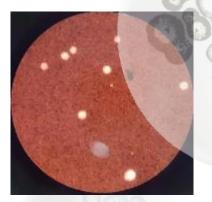


M, 32, HIV pos (History)



Cells 89 (80% lymph) Protein 37mg/dl CSF glucose 25mg/dl Serum glucose 75mg/dl (35%)







Amphotericin B deoxycholate (1gram/KgBW) Fluconazole 800mg/day

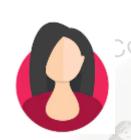
Therapeutic lumbar puncture (Twice daily)





Patient 2





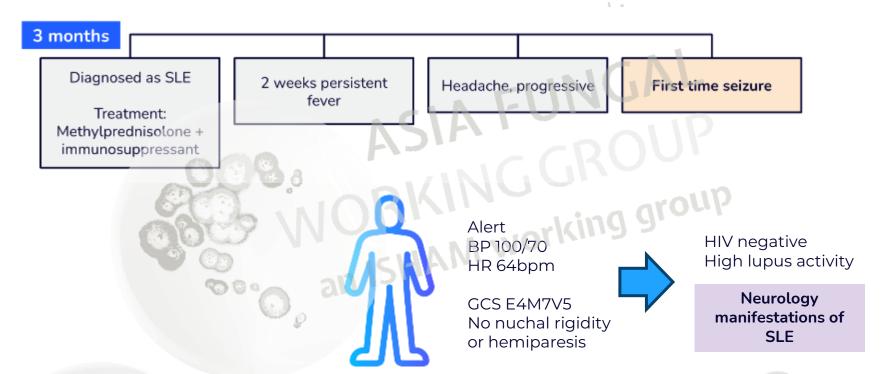
23 years erved by data providers and:

Consulted with
Severe headache for 1 week





F, 23, HIV neg (History)





F, 23, HIV neg (Evaluation)

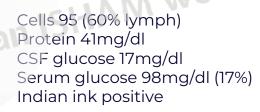








Opening pressure 42cm





Amphotericin B NOT AVAILABLE!

Fluconazole 1200mg IV Therapeutic lumbar puncture



Deceased (Herniation)



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Death among patients with cryptococcal meningitis (90% HIV positive)



Cryptococcal meningitis in Indonesia

Indonesian Brain Infection Study Cohort (2019-2025)



n=32 Median age 33

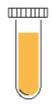


40% female



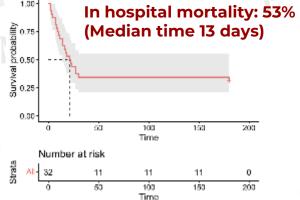
86% HIV positive 76% CD4 <50 44% on ART

Advanced HIV disease



Cells 25 (<5)
Protein 62 (<45)
Glucose ratios 15% (>50%)
Culture: Cryptococcus sp.







Prevention & early detection















Terima Kasih