

(cerebral aspergillosis)

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1 MR

(Fig. 1A, B, C).

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(Fig. 1D).

1

. MRI 2

(Fig. 2)

Aspergillus fumiga-

tus

. Amphotericin-B

38 , 3.2 kg

15

가

40

MRI

(lethargy)

2.4 kg

가

(Fig. 3A).

T2

T1
가

60

가

5

MRI

가

18

MRI

. MRI

T1

가

110

MRI

3.4 kg

/

T2

가

T1

T2

T2

T1

(Fig. 3B).

1

2

1999 10 8

2000 2 2

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(5%),
mycosis 2.5 %)

(histoplasmosis 5%),
(2).

(blasto-
(2, 3).

(1).

(1, 2, 5). Par-k-

er

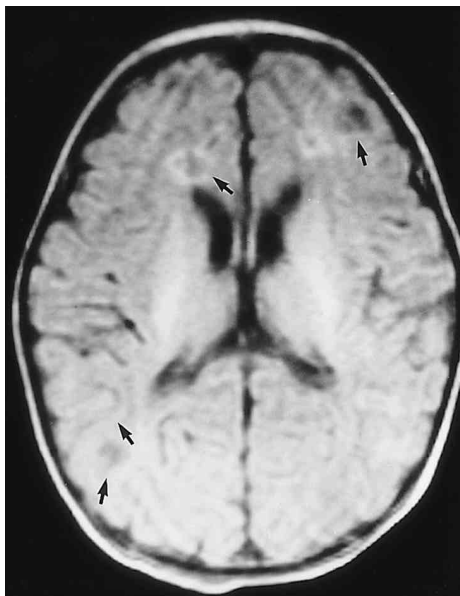
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3가

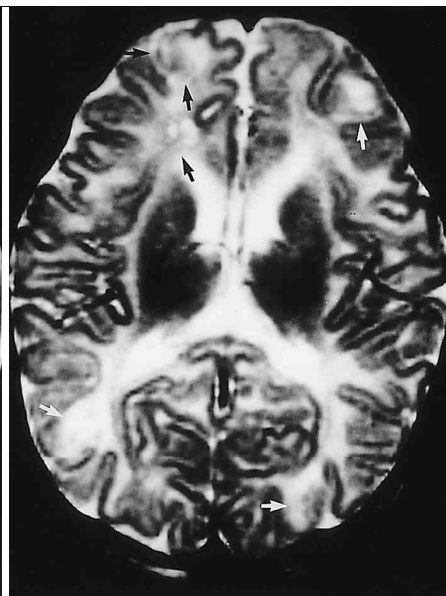
(candidiasis 49 %)
sis 25 %), (zygomycetosis 13 %),

(cryptococco-

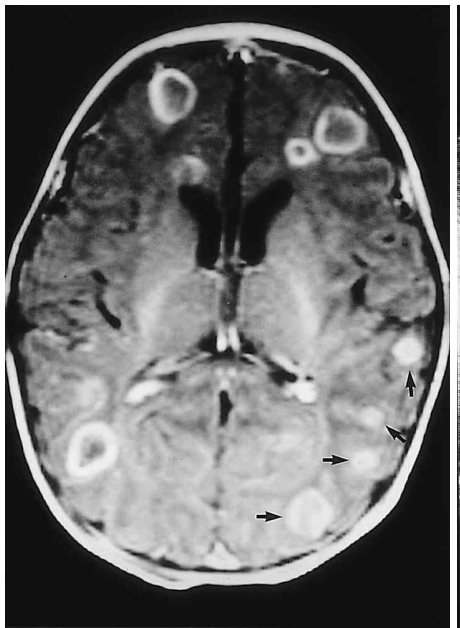
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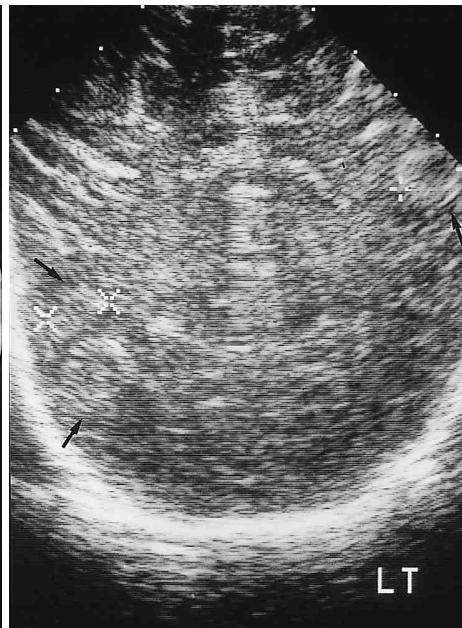
A



B



C



D

Fig. 1. Brain MR and neurosonographic images obtained at 18th. admission day

A. Axial T1-weighted MR image shows multiple variable sized nodular lesions with high signal rims and low signal centers, scattered along the gray-white matter junctions and deep white matters (arrows).

B. Axial T2-weighted MR image shows ill defined multiple variable sized lesions with iso or low signal rims and central high signals (arrows). Mild degree of perilesional edemas are visible. C. Gadolinium enhanced T1-weighted MR image shows numerous rim enhancement of the lesions. The lesions at the left temporo-occipital area which was not detected on T1 & T2-weighted images show rim enhancement (arrow).

D. Neurosonogram shows variable sized target-like lesions (arrows) of echogenic rim and hypoechoic center with peripheral edematous hypoechogenicities.

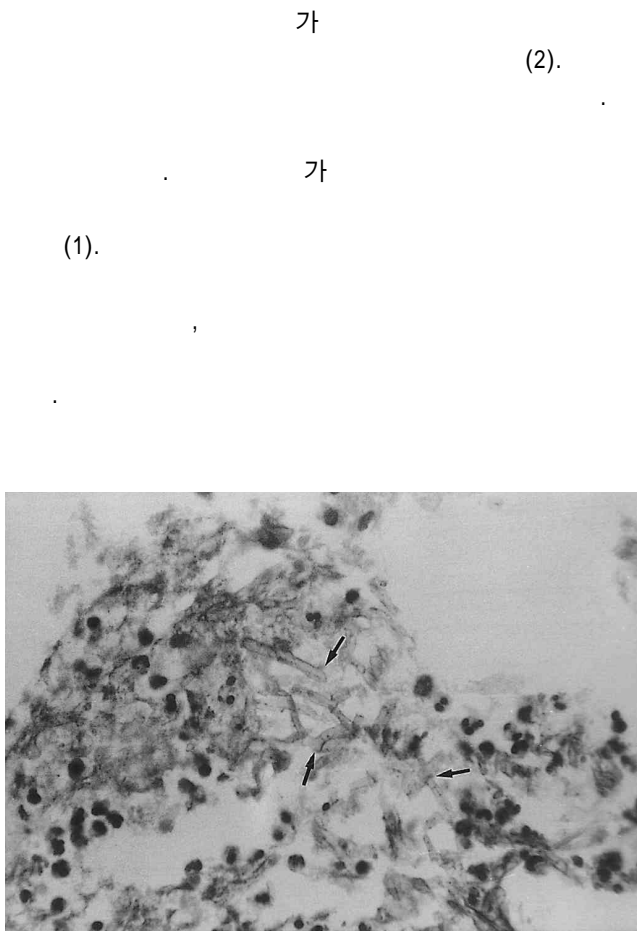
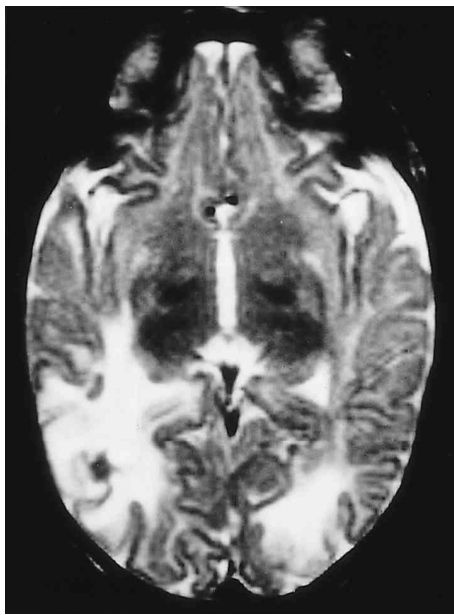
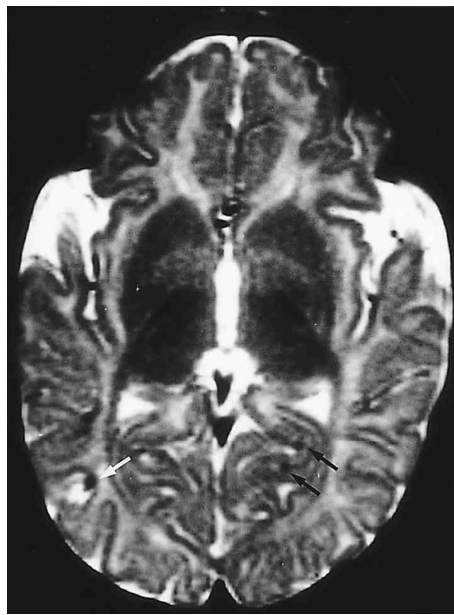


Fig. 2. Microscopic findings of central portion of abscess reveals some branched septated hyphal element(arrows) and necrotic materials, suggesting fungal hyphae.(PAS stain, $\times 400$)



A



B

Fig. 3. Follow-up MR images

A. Axial T2 weighted image on the 40th. admission day shows markedly decreased size and numbers of lesions in the both cerebrum. Edematous high signals at the right temporo-occipital and the left occipito-parietal white matter are seen.

B. Axial T2-weighted image on the 110th. admission day shows near complete resolution of perilesional edema. Remnant nodular lesions show low signal on T2 weighted image (white arrow) and nodular enhancement on gadolinium enhanced T1 weighted image(not shown). Tiny low signal nodular lesions on left occipital lobe (black arrow) shows low signal on T1 weighted image without enhancement, suggesting dystrophic calcifications.

(5).

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MR Imaging of Cerebral Aspergillosis in an Infant with Normal-Immunity: A Case Report¹

Ji Yeoun Lim, M.D., Jin Ok Choi, M.D., Kang Soo Lee, M.D.,
Soo Hyun Chae, M.D., Myung Jin Joo, M.D.²

¹Department of Radiology, Presbyterian Medical Center, Chunju

²Department of Pathology, Presbyterian Medical Center, Chunju

Cerebral aspergillosis is a rare condition, and like other opportunistic fungal infections, it most commonly occurs in immunocompromised patients. Because of the increasing use of chemotherapy in organ transplantation, cases involving neoplasms, corticosteroid therapy, and cases of lymphoma and leukemia, the incidence of fungal infections in the brain has recently increased.

Cerebral aspergillosis in an infant with normal immunity is a very rare condition, and has not been reported in Korea. We report the MR findings of this condition in an infant with normal immunity.

Index words : Aspergillosis
Brain, abscess
Brain, MR
Infant, newborn, central nervous system

Address reprint requests to : Ji Yeoun Lim, M.D., Department of Radiology, Presbyterian Medical Center,
300, Jungwhasan-dong Wansan-gu, Chunju, 560-750 Korea.
Tel. 82-652-230-8436, 8446 Fax. 82-652-230-8463