Although clinicians caring for this patient were convinced that the abdominal mass would prove to be a non-Hodgkin’s lymphoma, it was, in fact, a cryptococcoma. Cryptococcal infections in patients with AIDS most commonly affect the central nervous and respiratory systems. Disease is often limited to these areas but may occasionally be widely disseminated [1]. Involvement of the stomach, duodenum, liver, pancreas, and spleen has been reported but is rare [2–5]. Localized abdominal cryptococcomas and visceral cryptococcal lymphadenitis have also been reported and, as in our patient, may initially be confused with lymphoreticular disorders, such as non-Hodgkin’s lymphoma [6, 7]. Although our patient had been treated with amphotericin B in the past for cryptococcal meningitis, she was not compliant with the maintenance regimen of fluconazole that had been prescribed. Reinitiation of treatment with amphotericin B led to successful resolution of the patient’s symptoms and radiographic abnormalities. Therefore, given the overlapping manifestations of malignancy and opportunistic infections seen in HIV patients, it is imperative for clinicians to aggressively pursue a tissue diagnosis of mass lesions in this population.

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References