

Survey on Pulmonary Cryptococcosis

Voluntary reporting form to Hong Kong Thoracic Society / American College of Chest Physicians (Hong Kong & Macau Chapter)

Name of informant: _____ Tel No: _____
Fax No: _____ E-mail: _____
Correspondence address: _____
Date (dd/mm/yy): _____

Patient's particulars

Name (Initials only, initials of family name first): _____
Sex: M / F Date of birth (dd/mm/yy): _____
Ethnic group: Chinese / Others (please specify): _____
ID: _____ Occupation: _____
Smoking Hx: S / Ex-S / NS Age of disease onset: _____
Your reference No: _____

Symptoms

Pulmonary:	Systemic:	Neurological:	Dermatological:
<input type="checkbox"/> Cough	<input type="checkbox"/> Fever	<input type="checkbox"/> Headache	<input type="checkbox"/> Rash
<input type="checkbox"/> Dyspnoea	<input type="checkbox"/> Malaise	<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Chest pain		<input type="checkbox"/> Personality change	
		<input type="checkbox"/> Memory loss	
		<input type="checkbox"/> Coma	

Asymptomatic
 Others, please specify: _____

Interval from symptom onset to confirmation of diagnosis: _____

Signs NAD
 Pulmonary, please specify: _____
 Extra-pulmonary, please specify: _____

Exposure to poultry Pigeon
 Chicken
 Others (please specify): _____

Travel History Place: _____
Interval to onset of symptoms: _____

Underlying disease

HIV infection
 Corticosteroid therapy (please specify dose & duration): _____
 Other immunosuppressive therapy (please specify): _____
 Organ transplantation:
 Malignancy:
 Others (please specify): _____

CXR findings:

- Solitary nodules
- Multiple nodules
- Localized infiltrates
- Cavitory lesions
- Mass lesions
- Diffuse interstitial infiltrates
- Miliary nodules
- Hilar & / or mediastinal lymphadenopathy
- Pleural effusion with or without underlying parenchymal involvement
- Normal

Other investigations:

Hb	WBC	PLT	ESR	CRP
Ur	Cr			
GOT	GPT	ALP	Bil	
Alb	Glo			
Ig G	IgM	IgA		
ANA	RF			

Others (please specify):

Diagnosis

Cryptococcal antigen Serum BAL

Culture Sputum
 BAL
 Lung tissue
 Pleural fluid
 Pleural tissue

Cytology study of Sputum BAL

Bronchoscopic lung biopsy
Transbronchial needle aspiration
Percutaneous needle aspiration / biopsy
Open biopsy
 VATS
 Thoracotomy

Extrapulmonary involvement

No
 Yes Meningoencephalitis
 Cutaneous
 Others (please specify)

