Cerebral phaeohypomycosis is a CNS fungal infection caused by dematiaceous fungi. Dermaticious fungi are present in soil and decaying vegetation. Most common infections are reported in tropics and subtropics. The disease has a slow course; however, the mortality can reach up to 100%. Average survival post diagnosis is up to 4.7 months.

**INTRODUCTION**

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**CASE DESCRIPTION**

57 years old male, farmer with past history of liver transplant secondary to hepatitis B and D co-infection, presented with 2 weeks of painless blurred vision followed by 1 week of continuous high-grade fever, diffuse dull headache, vomiting 3-5/day.

**Vitals:**
- HR 78/minute
- BP 124/82
- RR 18/minute
- Temp - 101°F

**Examination:**
- GCS 15/15
- Negative cranial nerve, motor, sensory, cerebellar examination.
- Meningeal Signs were negative.
- Normal Chest and Abdominal exam.

** Labs:**
- Complete blood count showed: neutrophilic leukocytosis 12.4 x 10^9/L
- CRP was raised -12.1 mg/L.
- Electrolytes - Normal
- Liver function test - Normal
- Renal function tests – Normal
- Blood cultures x 2 – No growth
- Chest Xray – Unremarkable

**DISCUSSION**

*Rhinocladiella mackenziei* infections can have varying clinical presentation ranging from respiratory infections to deadly brain abscess and septic shock. Immunodeficiency states like solid organ transplantation, chronic liver disease, connective tissue disorders, and chronic steroid use predispose to cerebral phaeohypomycosis. Commonly used antifungal drugs voriconazole, amphotericin B, itraconazole, and Posaconazole. Early diagnosis and aggressive surgical treatment is associated with prolonged antifungal coverage can lead to favorable outcome.

**REFERENCES**
