

leptomeningeal contrast enhancement on magnetic resonance imaging (10). Also, *B. mandrillaris* meningoencephalitis imaging findings are often nonspecific, including cerebral edema, hydrocephalus, multiple space-occupying and ring-enhancing lesions, leptomeningeal enhancement, or formation of mycotic aneurysms (2). Furthermore, amebic trophozoites are seldom detected in CSF by microscopy (2,3). Consequently, *B. mandrillaris* meningoencephalitis could be underdiagnosed, especially where this infection has no or only sporadic reports.

B. mandrillaris should be considered in refractory or unexplained cases of meningoencephalitis, even outside the Americas and in immunocompetent patients. Detecting *B. mandrillaris* by PCR in CSF seems most likely to enable early diagnosis and timely treatment. However, appropriate therapy is not well defined; success has been sparsely reported with the simultaneous use of azoles, flucytosine, pentamidine, sulfazidine, macrolide antimicrobial drugs, phenothiazines, and miltefosine (2,7,10).

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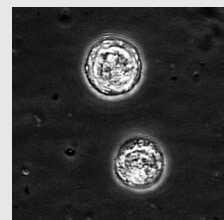
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etymologia

Balamuthia mandrillaris [bal"ə-moo'the-ə man"dril-a'ris]

A free-living ameba naturally found in the environment, *Balamuthia mandrillaris* can cause a serious infection of the brain, other organs (skin, liver, kidneys), and rarely, spinal cord. Originally isolated from the brain of a mandrill that died of meningoencephalitis at the San Diego Zoo, *Balamuthia mandrillaris* is named for the late professor

William Balamuth of the University of California at Berkeley, for his contributions to the study of amebae. More recently, *B. mandrillaris* has been shown to be transmissible through organ transplantation.



Sources

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