

Table S1. Patient's laboratory data on day 1 of admission

Parameter	Patient's value	Reference range	Units
Na	130	135- 145	mmol/L
K	4.6	3.3- 5.3	mmol/L
Cl	96	98- 107	mmol/L
CO2 (venous)	28	22- 32	mmol/L
eGFR	>60	>60	mL/min/1.73_m3
Blood urea nitrogen	17	5- 25	mg/dL
Creatinine	1.2	0.5- 1.4	mg/dL
Glucose	162	70- 110	mg/dL
Lactate	1.7	0- 2	mg/dL
Procalcitonin	1	0- 0.1	µg/L
WBC	6.9	4.5- 11	x 10 ⁹ /L
RBC	5.16	4.5- 5.9	x 10 ¹² /L
Hgb	15	12- 16	g/dL
HCT	45.3	41- 52	%
MCV	87.8	80- 100	fl
MCHC	33.1	31.5- 36	g/dL
Platelet count	215	150- 450	x 10 ⁹ /L

Table S2. Clinical manifestations and organ involvement of previous cases of Cryptococcal adrenalitis. Abbreviations: AF tx: anti-fungal therapy; AG: adrenal gland; AI: adrenal insufficiency; CNS: central nervous system; HT: hypertension; SAH: subarachnoid hemorrhage; Type-2 diabetes mellitus: T2DM; TB: tuberculosis; yo: -year-old; w: with; w/o: without.

Clinical presentation	Immuno-competent	Co-morbidities	Organ involvement	Treatment	Outcome	Ref.
A. Autopsy report of a 41 yo patient w extensive fatigue, weakness, headache, uveitis, and no hypotension B. Plus: a review of further 7 cases from the literature (6 w/o symptoms of AI)	A. Yes B. Unknown	A. Chronic cough, headaches for 15 years, obesity B. TB, Hodgkin lymphoma, with others unknown	A. Adrenal glands (AGs) (with massive necrosis in all zones), meninges, kidneys, eye B. AGs (5:organisms w/o inflammation, 1: partial necrosis, 1: unknown)	A. Not treated/ not recognized before death B. Unknown	A. Patient suddenly deteriorated and died before the diagnosis was made B. Unknown	[20]
A. A case report of a 39 yo patient w frontal headaches, who developed meningitis and papilla edema, when found to have cryptococcal infection, and suddenly died on day 15 of	A. Yes, but on steroid treatment for co-morbidity B. Unknown	A. Temporal arteritis B. Unknown, but 18/41 patients were on steroid treatment	A. Complete AG destruction (with minimal normal tissue + large areas of necrosis in all zones), meninges, disseminated infection	A. Anti-fungal therapy (AF tx), and steroid (for his temporal arteritis) B. Unknown	A. The patient suddenly deteriorated and died B. N/A	[21]

treatment with no other AI symptoms B. Lookback on autopsy cases, with 11/41 showing AG involvement, 39 w disseminated cryptococcal infection			B. AGs (5/11 of cases with extensive involvement, but with large amount of normal tissue remaining; the rest w small lesions)			
40 yo w persistent meningitis w unknown organism & years later w anorexia, weight loss, weakness, fatigue, hypotension, and hyponatremia	Yes	Unknown	AGs (w massive AG destruction, granulomatous inflammation & necrosis), disseminated infection	AF tx (diagnosis was made on resection specimen)	Improved	[22]
3 of 15 patients on autopsy showed adrenal gland involvement	No	HIV	AGs, and disseminated infection	AF tx	N/A	[23]
32 autopsy cases with presenting symptoms including vomiting, diarrhea, fever, hypotension, and hyponatremia; 3/41 with cryptococcal infection	No	HIV	3/41 autopsy cases showed cryptococcal AG involvement, and disseminated infection	Unknown	N/A	[24]
72 yo patient with progressive weakness, postural hypotension, anorexia, and weight loss	Yes	Not recorded	AG, meninges, lung	AF tx + bilateral adrenalectomy (massive caseation necrosis with fungal elements consistent with CN)	Patient deteriorated and died	[25]
48 yo patient with fatigue, anorexia, weight loss, headaches, skin darkening, and acute right-sided weakness, hyponatremia	Yes	None	AGs, Meninges	AF tx	Improved	[26]
58 yo patient with AG enlargement and AI (confusion, weakness, anorexia, weight loss, increased skin pigmentation)	Yes	Previous SAH	AGs, CNS	AF tx	Unknown	[27]
62 yo patient with flank pain	Yes	T2DM	AG	Diagnosis after surgical resection, AF tx started afterward	Successfully treated	[28]
50 yo patient with anorexia, weight loss, nausea, increased skin pigmentation,	Yes	None	AGs initially; Later with disseminated	Initially treated with anti-TB medications w/o evidence of TB infection; AF tx	Improved	[29]

hyponatremia, and bilateral AG hyperplasia			disease involving the CNS	afterwards + bilateral adrenalectomy		
57 yo patient with headache and later developed hyponatremia	Yes	T2DM	AGs, Meninges	AF tx + bilateral adrenalectomy	Successfully treated	[30]
7 of 128 autopsy cases showed cryptococcal, and 4 of 128 showed cryptococcal + CMV involvement in the AGs w inflammatory infiltrate and necrosis, rare fibrosis and hemorrhages	HIV infection	Unknown	AGs	Unknown	N/A	[31]
1 of 13 autopsy cases showed AG involvement; and 45 yo patient with no clinical diagnosis of cryptococcal infection	Unknown	Meningitis in childhood, hydrocephalus, repeated drainage operations; and TB epinephritis on autopsy	AGs, spine	Not treated	N/A	[32]
46 yo patient w primary AI	Yes	None	AGs	AF tx	Successfully treated	[19]
45 yo patient w dizziness, fatigue, anorexia, weight loss, skin hyperpigmentation, hyponatremia,	Yes	None	AGs, disseminated infection	AF tx	No change in AG enlargement on imaging	[33]
43 yo patient w high-grade fevers and weight loss	Yes	T2DM	AGs, Liver	AF tx + unilateral adrenalectomy	Significantly improved	[5]
52 yo patient with weight loss and malaise for 3 weeks	Yes	Newly diagnosed mucinous adenocarcinoma, pT1b pN0 pMx, stage IA	AGs	AF tx, patient refused adrenalectomy when follow-up imaging showed no change in the size of adrenal nodules, but clinically improved	Successfully treated	[34]
65 yo patient w fever	Yes	T2DM, HT	AGs, Lungs	AF tx	Successfully treated	[35]
24 yo patient w fevers, headache, and altered consciousness	Yes, but on steroid treatment for co-morbidity	protein-losing gastro-enteropathy	AGs, Meninges	AF tx	Successfully treated	[36]

49 yo patient w 2 months history of anorexia, weight loss, and increased skin pigmentation	Yes	None	AGs, meninges	AF tx + bilateral adrenalectomy	resistant to prolonged AF tx but responding to bilateral adrenalectomy	[37]
50 yo patient with AI, meningoencephalitis, and lytic bone lesions	Yes	None	AGs, CNS, skin, bone	AF tx	Successfully treated, but adrenal insufficiency remained	[38]