Disseminated *Cryptococcus* disease occurs in patients with defective T cell immunity. Cryptococcal meningitis following autologous stem cell transplant has been described previously in only one patient, four months post-transplant and off antifungal prophylaxis. We present a unique case of *Cryptococcus* meningitis pre-engraftment after autologous stem cell transplant and while receiving fluconazole prophylaxis.

A 41-year-old male with non-Hodgkin’s lymphoma underwent autologous stem cell transplantation. Post-transplant prophylaxis consisted of fluconazole 400 mg daily, levaquin 500 mg daily, and acyclovir 800 mg twice daily. Day 9 post-transplant, he developed fever and headache. Peripheral white blood cell count (WBC) was 700/microL. MRI of the brain showed lesions consistent with meningoencephalitis. Cerebrospinal fluid (CSF) analysis revealed a WBC of 39 with 77% lymphocytes, protein 63, glucose 38, CSF pressure 20.5 cm H$_2$O and a positive cryptococcal antigen. CSF culture confirmed *Cryptococcus neoformans*. The patient was treated with liposomal amphotericin B 5mg/kg IV daily, and flucytosine 37.5 mg/kg orally every 6 hours. He was switched to fluconazole 400 mg daily after three weeks of amphotericin therapy, sterilization of CSF, and normalization of CSF pressure.

Review of the literature revealed 9 cases of cryptococcal disease in recipients of stem cell transplant. Median time of onset was 64 days post-transplant. Only 3 meningitis cases were described; 2 following allogeneic transplant. Fungal prophylaxis with fluconazole post autologous stem cell transplant is recommended at least through engraftment, and up to 100 days in high risk patients. A high index of suspicion is needed to diagnose and treat opportunistic infections, especially in the face of immunosuppression and despite adequate prophylaxis. Infection is usually fatal without treatment, thus prompt diagnosis and therapy might be life saving.