

# Image in Medicine: Disseminated Histoplasmosis as a Presentation of AIDS

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## Citation

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## Abstract

A 36-year-old African American man presented with pulmonary infiltrates, fever, weight loss, and pancytopenia. On admission, his temperature was 102°F, blood pressure 110/60mmHg, heart rate 98/min, and respiratory rate 24/min. Chest exam revealed bilateral coarse breath sounds. His abdomen was benign. The patient's serum immunodeficiency virus (HIV) antibody was positive and CD4 count was 16cells/uL. A chest radiograph showed bilateral diffuse reticulonodular infiltrates. A bone marrow biopsy showed intracellular organisms consistent with *Histoplasma capsulatum* (Figure1). The patient was started on intravenous amphotericin B. Unfortunately, the patient's clinical status worsened and he succumbed to overwhelming fungal infection.

## CASE REPORT

A 36-year-old African American man presented with pulmonary infiltrates, fever, weight loss, and pancytopenia. On admission, his temperature was 102°F, blood pressure 110/60mmHg, heart rate 98/min, and respiratory rate 24/min. Chest exam revealed bilateral coarse breath sounds. His abdomen was benign. The patient's serum immunodeficiency virus (HIV) antibody was positive and CD4 count was 16cells/uL. A chest radiograph showed bilateral diffuse reticulonodular infiltrates. A bone marrow biopsy showed intracellular organisms consistent with *Histoplasma capsulatum* (Figure1). The patient was started on intravenous amphotericin B. Unfortunately, the patient's clinical status worsened and he succumbed to overwhelming fungal infection.

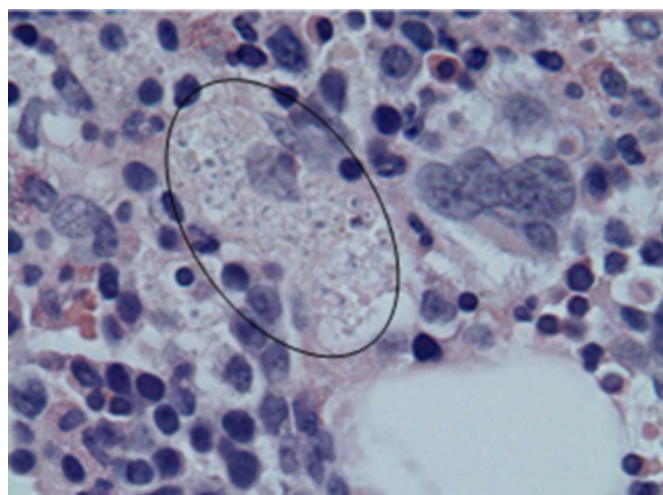
## DISCUSSION

*Histoplasma capsulatum* is a dimorphic fungus that is the most common cause of endemic mycosis in HIV-infected patients in the United States. Disseminated histoplasmosis presents with nonspecific clinical manifestations including fever, weight loss, diarrhea, respiratory complaints, hepatomegaly, pancytopenia, elevated serum lactic dehydrogenase levels, elevated transaminases levels, and skin lesions. Bone marrow biopsy histopathology is diagnostic in less than 25% of patients. Blood and bone marrow cultures have higher diagnostic yields. An overall mortality of 12.5% has been reported. Amphotericin B and

itraconazole have activity against *Histoplasma capsulatum* <sup>1, 2</sup>.

## Figure 1

Figure 1: Bone marrow biopsy shows aggregates of macrophages containing yeasts (Hematoxylin and eosin 200X)



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## References

1. Shelburne III SA, Visnegarwala F, Adams C, Krause KL, Hamil RJ, et al. Unusual manifestation of disseminated Histoplasmosis in patients responding to antiretroviral

therapy. Am J Med 2005;118:1038-1041

2. Gutierrez ME, Canton A, Sosa N, Puga E, Talavera L.

Disseminated Histoplasmosis in Patients with AIDS in Panama: A Review of 104 Cases. Clin Infect Dis 2005;40:1199-1202

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