Image in Medicine: Disseminated Histoplasmosis as a Presentation of AIDS

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Citation

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/μL. A chest radiograph showed bilateral diffuse reticulonodular infiltrates. A bone marrow biopsy showed intracellular organisms consistent with Histoplasma capsulatum (Figure 1). 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/μL. A chest radiograph showed bilateral diffuse reticulonodular infiltrates. A bone marrow biopsy showed intracellular organisms consistent with Histoplasma capsulatum (Figure 1). 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.

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References
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