

Clinical Image

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A case of disseminated histoplasmosis in a person with HIV

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Description

Background: Disseminated histoplasmosis is an AIDS-defining infection caused by the fungus *Histoplasma capsulatum*. At CD4 counts <150 cells/ μ l, reactivation and dissemination of previously acquired histoplasma infection may occur, with devastating clinical consequences.

Method: We report a case of disseminated histoplasmosis diagnosed in a severely ill migrant with HIV. This young man of Ghanaian origin had prolonged fever, weight loss, hepatosplenomegaly, cervical and inguinal lymphadenopathy and pancytopenia. His CD4 count was 1 cell/ μ l on admission to hospital. The case report describes how other diagnosis were considered, including visceral leishmaniasis and disseminated mycobacterium avium complex infection, prior to detection of growth of *Histoplasma capsulatum* from bone marrow. The yeast has been identified as *Histoplasma capsulatum* var *capsulatum*.

Discussion: This was the first diagnosed case of disseminated histoplasmosis in Malta. The report highlights the difficulty of establishing a diagnosis of an infection which is not endemic in Europe. The importance of sending tissue samples for mycology analysis is also emphasized in this report.

Conclusion: Disseminated histoplasmosis should be considered in the differential diagnosis of severely immunocompromised patients with HIV. A high index of clinical suspicion should be maintained throughout, as timely treatment with antifungals and antiretroviral infection improves prognosis for what would otherwise be an invariably fatal condition.

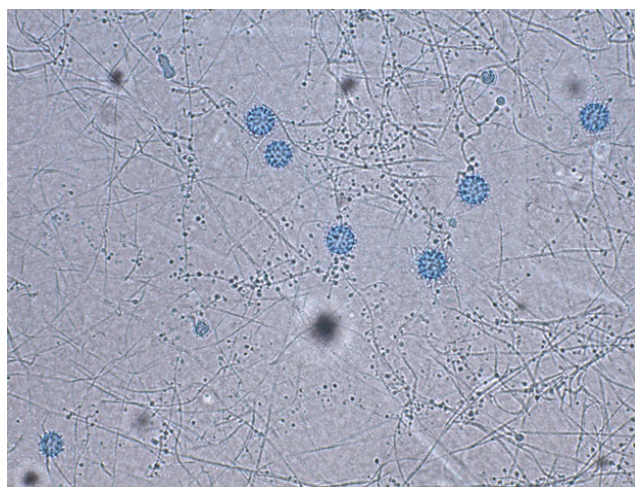


Figure 1: Clinical image.

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