

Clues to Diagnosis of Disseminated Histoplasmosis in Advanced HIV

Authors:

Wong CCW¹, Griffin D¹, Khan S¹, Pai Mangalore R¹, Wright E¹

¹ Bayside Health

Background:

A 57-year-old man had an incidental diagnosis of advanced HIV upon screening for blood donation. At the time of diagnosis, he had a CD4 count of 171 (12%). He had experienced 30 kg of unintentional weight loss over the past year and had a mild non-productive cough. This is in the setting of travel to Cambodia and Thailand the preceding year where he went swimming in caves. CT scan revealed extensive upper lobe predominant infiltrates with pneumatocele, bronchiectasis and cavitation. He underwent bronchoscopy with endobronchial ultrasound and biopsy which was negative for bacterial, fungal, and mycobacterial culture and negative *M tuberculosis* and pneumocystis jirovecii PCR. The patient had a negative serum cryptococcal antigen and negative urinary histoplasma antigen. He was noted to have a non-painful verrucous right sided hard palate lesion inside the oral cavity. This was biopsied and demonstrated necrotizing granulomas with small intracellular budding yeast suspicious for histoplasmosis. The patients serology and PCR on the oral biopsy was positive for histoplasmosis. He was commenced on oral Itraconazole loading followed by 200 mg per day and antiretroviral therapy (bictegravir/emtricitabine/tenofovir alafenamide).

Learning Points:

This case highlights that histoplasmosis is a rare but recognised opportunistic infection of advanced HIV, which can occur particularly with environmental exposures to endemic regions and caves. Disseminated histoplasmosis can be difficult to diagnose because respiratory sampling and antigen testing is frequently falsely negative. While histoplasma serology was positive in this case, false negative results are commonly seen in advanced HIV and immunosuppression. In disseminated cases, oral lesions are an important diagnostic clue and provide a high yield target to biopsy. A high index of suspicion and pursuit of alternative tissue sites can be critical to establishing the diagnosis.

Disclosure of Interest Statement:

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