

Unusually Presenting Disseminated *Histoplasma capsulatum* Variant *capsulatum* Infection

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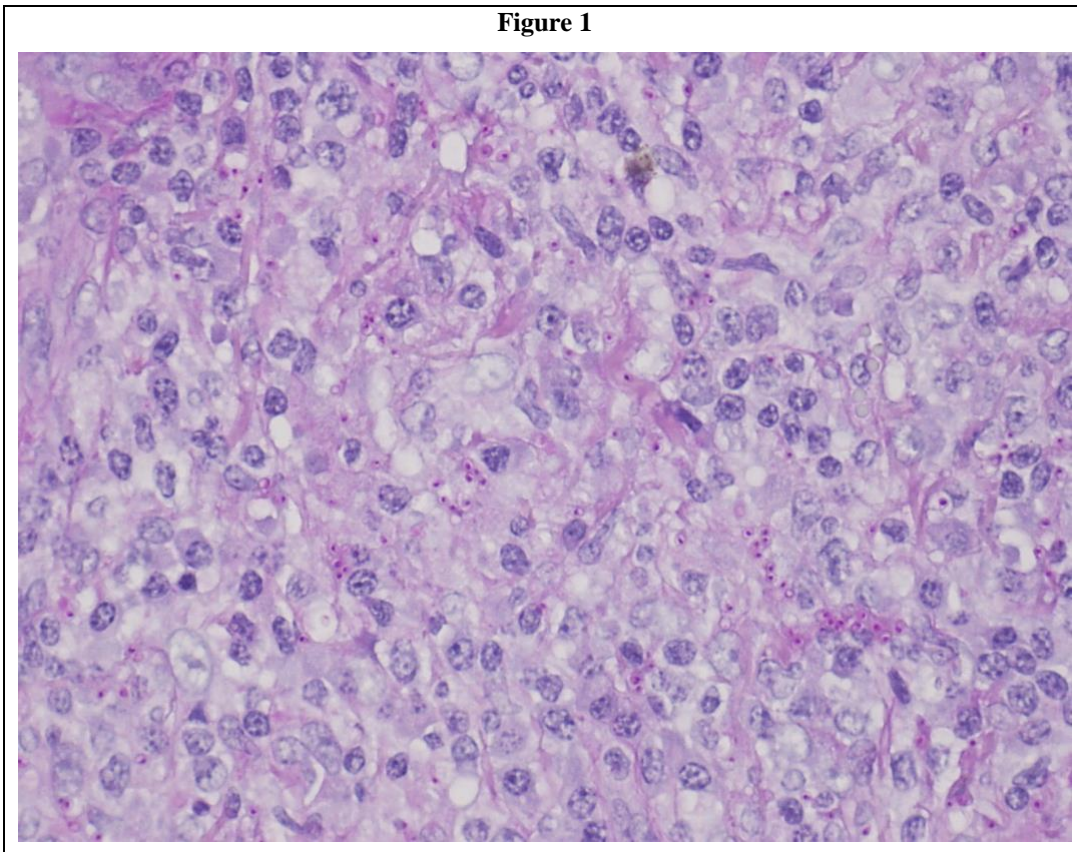
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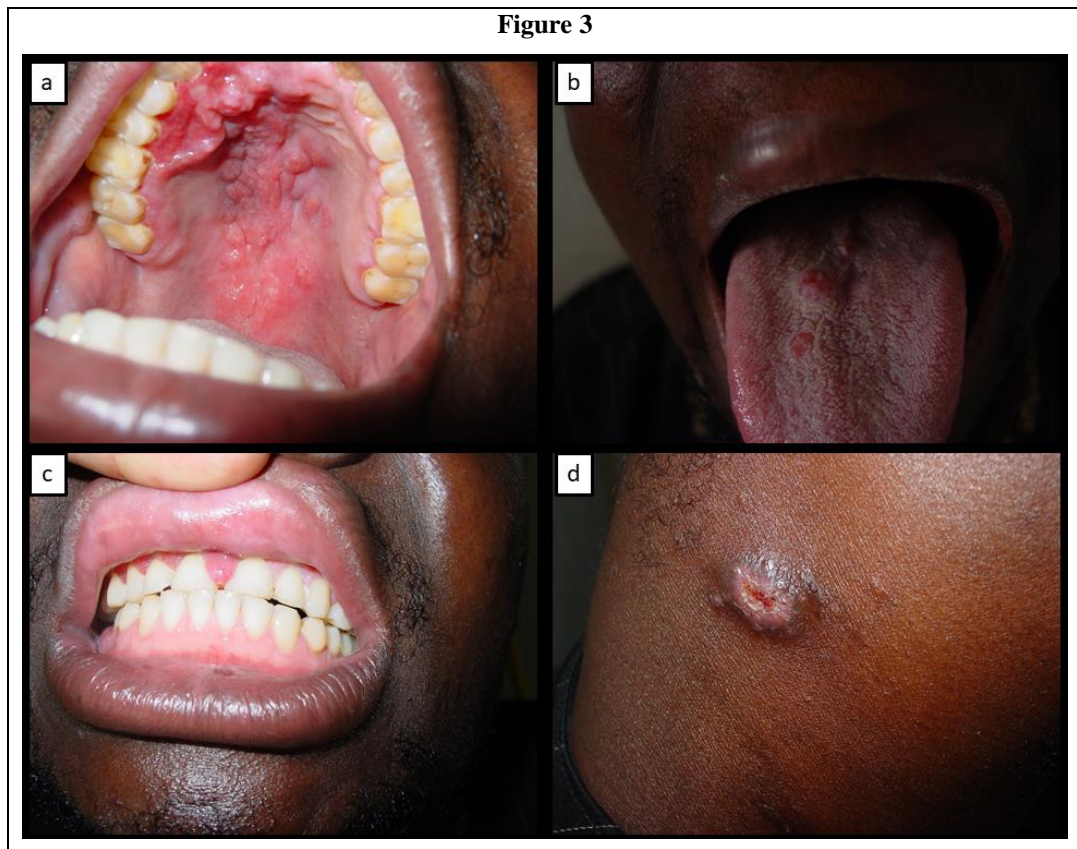
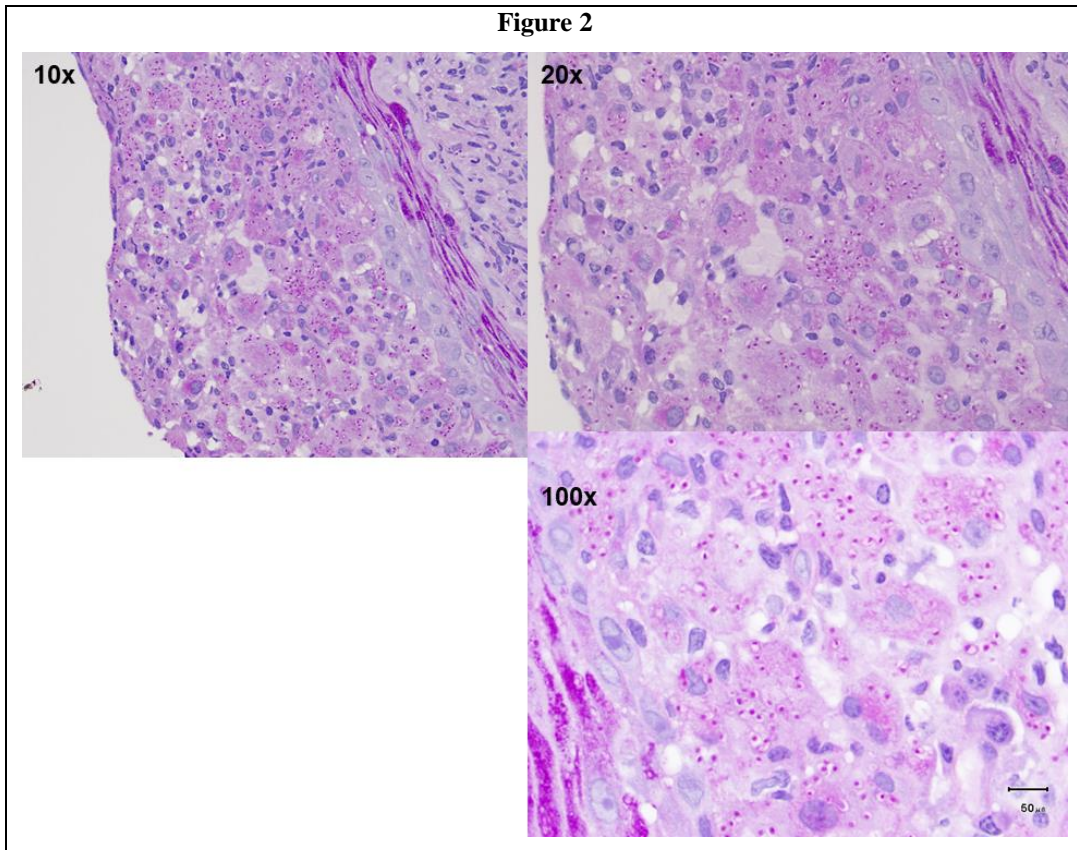
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Figure 1





Clinical Image

A young Ivorian male presented to otorhinolaryngoiatric consultation for odynophagia, dysphagia and right laterocervical pain. Physical examination revealed a right tonsil ulcer and bilateral neck adenopathy. At admission, the patient had:

- i. lymphopenia: 300 lymphocytes/mm³
- ii. bilateral enlargement of neck lymph nodes at ultrasonography, with signs of colligation
- iii. inflammation of maxillo and etmoidal sinus tract and nasal cavity at facial-bone computed tomography (CT) scan
- iv. heteroplasia of 17 x 18 mm at oropharynx inner surface; diffuse enlargement of mediastinal and abdominal lymph nodes; multiple kidney lesions suggestive of lymphomatous seeding at whole-body CT scan.

Human Immunodeficiency Virus type 1 (HIV-1) antibodies were detected; CD4 T-cell counts were 4 cells/mm³; plasma HIV-1 RNA was 281,468 copies per millilitre.

Antiretroviral treatment with tenofovir/emtricitabine/lopinavir/ritonavir led to clinical improvement.

Histological examination of the cervical lymph node revealed the presence of Periodic Acid Schiff (PAS)-positive elements in a context of granulomatous necrotizing adenitis without giant cells (Figure 1). In the persisting suspect of lymphoma, a positron emission tomography (PET) was performed, which revealed diffuse increased metabolism of lymphonodes and stomach. Histological examination of the lower oesophagus showed again the presence of PAS-positive elements (Figure 2).

A month later the patient presented with new lesions (Figure 3) in the hard palate (a), tongue (b), gum (c), and neck skin (d).

A serum sample and histological preparations were sent to reference laboratories in the suspect of histoplasmosis.

Antibodies against *Histoplasma capsulatum* were detected in the serum; PAS-positive elements detected in both tissue preparations were identified as *H. capsulatum*; specific polimerase chain reaction permitted to discriminate, unexpectedly, the variety *capsulatum*. Conversely, clinical presentation was more suggestive of disseminated *H. capsulatum* var. *duboisii* infection, also referred to as 'African histoplasmosis'.

Liposomal amphotericin B treatment led to rapid remission of multiple lesions, 3-kilo weight gain, and pharynx decongestion.

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Authors' Contributions

Soria A, Lapadula G, Cavenaghi G, Gori A. followed the patient. Bandiera L was responsible for pathological analyses. Bonfanti P. was responsible of the integrity of the whole process. All the authors shared the difficult clinical challenge of this case. Soria A. wrote the first draft of the manuscript. All the other authors contributed and approved it in its present form.