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A PROBABLE CASE OF PULMONARY HISTOPLASMOSIS DIAGNOSED IN ENGLAND

BY

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Arblaster (see page 333) has reviewed pulmonary histoplasmosis and reported a case diagnosed in England. His case appears to be the third to be reported in which this diagnosis has been made in England. The present contribution records another probable case.

CASE REPORT

A man aged 43 was referred to Dr. J. G. Scadding's out-patient clinic at Brompton Hospital because of unusual findings in a radiograph of his chest. He complained that following a bombing raid in May, 1941, he had developed a dry, unproductive cough which had persisted since. The cough was worse in the early morning and was most troublesome in the winter. He had never coughed up blood and did not complain of breathlessness on exertion. He had had no previous illnesses.

Examination revealed little abnormal. There was some evidence of emphysema and a few soft lymph nodes were palpable in the posterior triangles of the neck and in the axillae. The radiograph showed numbers of calcified foci, 2–3 mm. in diameter, scattered throughout both lung fields (Figs. 1 and 2). A previous film taken in 1941 was not substantially different. At first glance, of course, the calcified lesions suggested tuberculosis, but the wide dissemination and the symmetry of the lesions are very unusual in this disease. Pulmonary histoplasmosis seemed the most likely alternative, and on direct questioning the patient stated that some 30 years previously he had spent three years in Ontario, Canada. During this time he had paid two visits, each of about a fortnight, to Detroit. Apart from this he had never been abroad.

Dr. R. W. Riddell, of the London School of Hygiene and Tropical Medicine, kindly supplied coccidioidin and histoplasmin, and intradermal tests were carried out using 0.1 ml. each of coccidioidin 1 : 1,000, histoplasmin 1 : 1,000 (prepared at the London School of Hygiene and Tropical Medicine), and histoplasmin 1 : 100 (prepared in U.S.A.), each being injected into the volar surface of the forearm. The tests were read 45 hours later. The coccidioidin test was negative. With the 1 : 1,000 histoplasmin there was a small nodule, just palpable, about 2 mm. in diameter. With the histoplasmin 1 : 100 the reaction was very brisk. There was a central purpuric area 9 mm. in diameter, a marked weal 15 mm. in diameter, and a slight flush extending to a diameter of 30 mm.

The specificity of the histoplasmin test is not yet completely established. But a positive test, together with an unusual form of pulmonary calcification and a history of residence in a probable endemic area, makes pulmonary histoplasmosis the likely

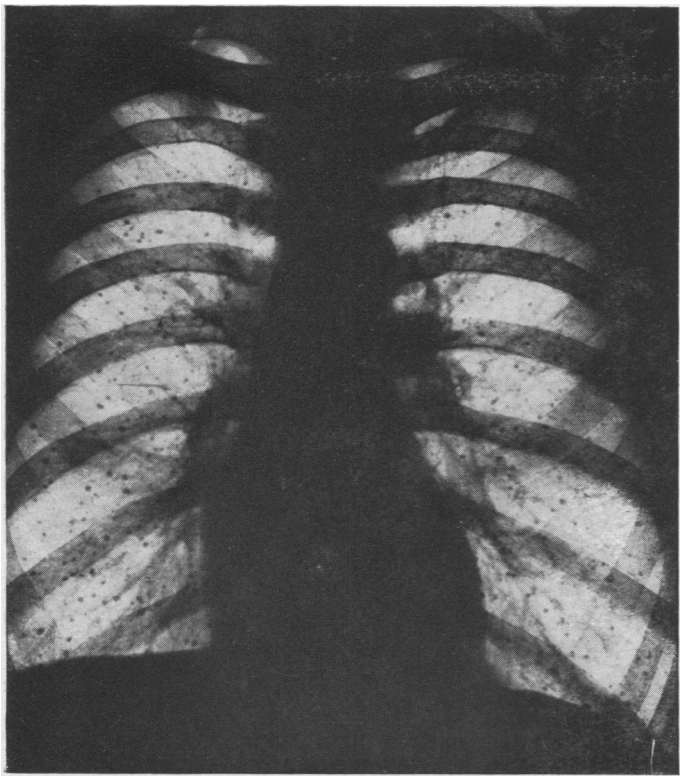

FIG. 1.—Radiograph of chest, May 25, 1950.

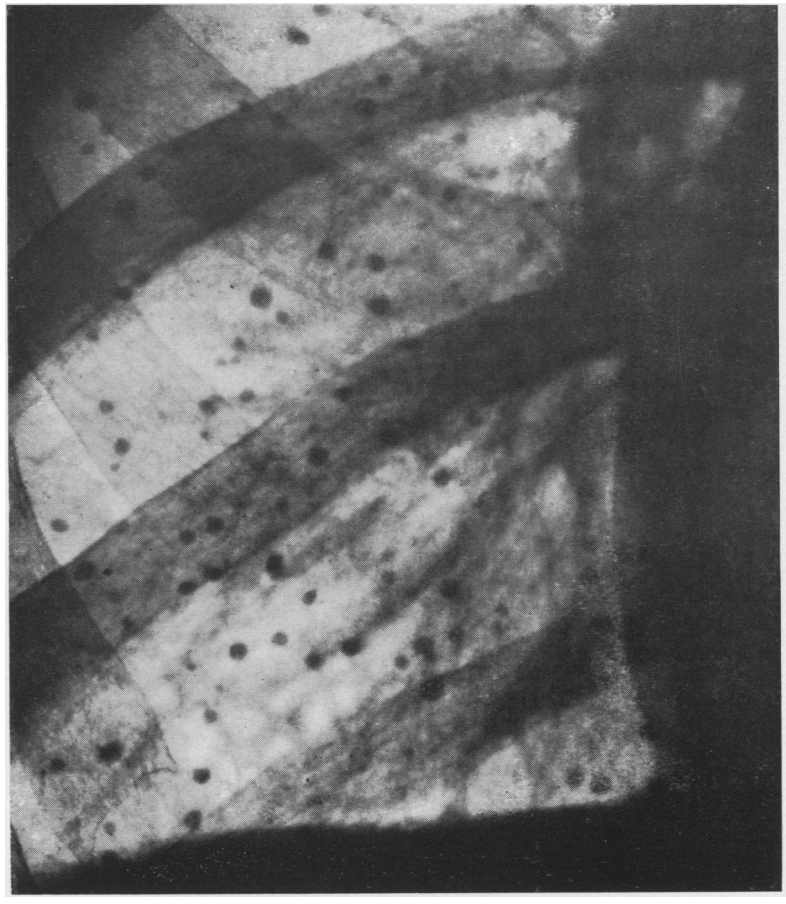

FIG. 2.—The same, showing detail of the opacities in the right lower zone.

diagnosis. This diagnosis is, of course, of academic interest only. The disease is almost certainly healed and the patient's presenting symptoms are due to mild chronic bronchitis.

Since this paper was submitted for publication I have had a second similar case under my care.

A man aged 41 was admitted to Hammersmith Hospital in October, 1950, with pneumococcal lobar pneumonia. Apart from the changes due to the pneumonia the radiograph showed diffuse nodules of pulmonary calcification very similar to those in the first case. An intradermal test with histoplasmin 1 : 100 gave a weal measuring 15 by 20 mm. and a flare 26 by 45 mm. 48 hours after injection. Two control subjects gave negative results. During the period 1929 to 1938 the patient had travelled widely in the southern and central United States. He had had malaria in 1932 and an undiagnosed fever for several weeks in 1935 while in Deadwood, South Dakota. The unusual pulmonary calcification, together with the positive histoplasmin test and the history of visiting an endemic area, seem to justify a diagnosis of healed pulmonary histoplasmosis.

I wish to thank Dr. J. G. Scadding, to whose clinic the patient was referred, for suggesting publication of the case, Dr. R. W. Riddell for his interest and for providing the coccidioidin and histoplasmin, Dr. G. Simon for the radiograph, and Mr. D. F. Kemp for the photographs.