

Histoplasmosis and asplenia

A 42-year-old asplenic woman was evaluated for a 2-week history of intermittent high-grade fevers and pleuritic chest pain and skin rash (figure 1). A CT scan of the chest showed multiple small nodules on both lungs (figure 2). Fungal serological studies were negative. A skin biopsy revealed palisading dermal granulomatous inflammation with focal vascular destruction and was negative for any organisms (figure 3). Bronchoalveolar lavage did not yield positive results for any organism. Open lung biopsy showed necrotising granulomatous inflammation and *Histoplasma capsulatum* (figure 4). She was treated with itraconazole for 6 months. Her skin rash disappeared in 2 weeks and complete radiological resolution of the lung nodules occurred after 3 months of treatment.

Asplenic patients are prone to histoplasmosis.¹ Skin rash is associated with pulmonary histoplasmosis. Patients living in endemic areas for histoplasmosis who undergo splenectomy should be encouraged to wear a mask to prevent exposure to *Histoplasma* while working with soil.



Figure 1 Maculopapular skin rash involving the trunk and upper extremities.

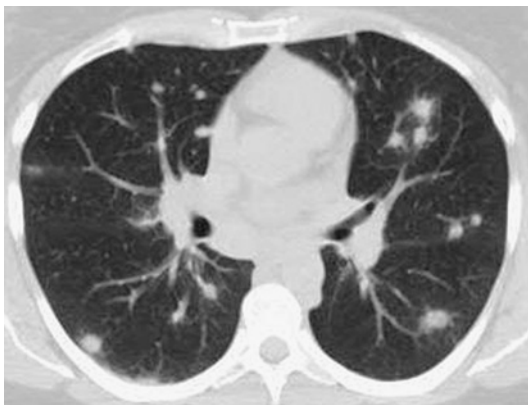


Figure 2 A CT scan showing multiple pulmonary nodules with mediastinal adenopathy.

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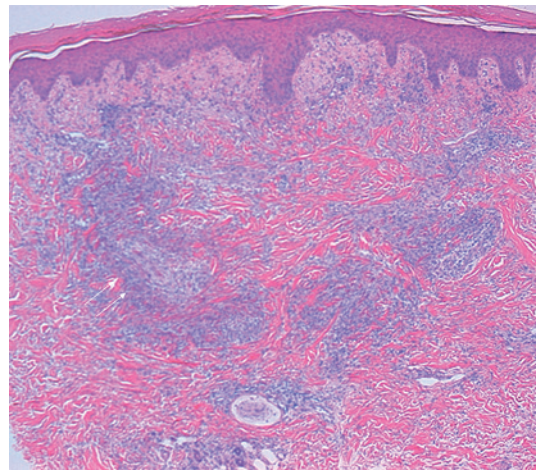


Figure 3 A skin biopsy showing palisading dermal granulomatous inflammation with focal vascular destruction.

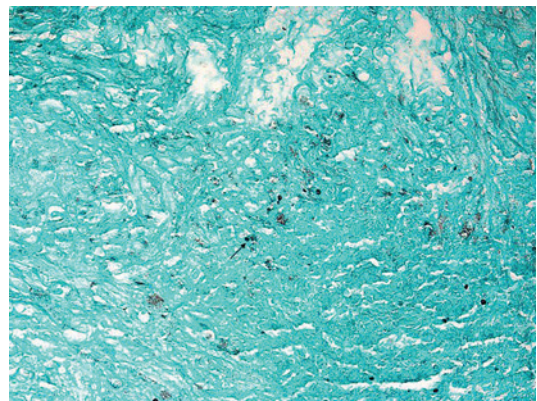


Figure 4 A lung biopsy showing histoplasma capsulatum on GMS stain, small, round (arrow) and narrow-necked budding organisms.

Learning points

- ▶ Histoplasmosis is anecdotally reported in asplenic patient.
- ▶ Skin lesions are usually reported in immunosuppressed patients, especially in patients with HIV.
- ▶ Histoplasmosis should be added to the list of potential pathogens that can cause disease in the asplenic patient.

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REFERENCE

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