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Disseminated histoplasmosis presenting with chronic ulcerative tongue lesions in a patient with diabetes

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DESCRIPTION
We describe a case of chronic tongue ulceration with systemic symptoms in a patient with poorly controlled diabetes. A biopsy of a lesion from the posterior third of the tongue showed features typical of histoplasmosis (figure 1). A CT of the thorax and abdomen revealed a diffuse reticulonodular pattern bilaterally (figure 2A). The intraabdominal organs were normal. A diagnosis of disseminated histoplasmosis was made. The patient was started on intravenous amphotericin B for 3 weeks followed by oral itraconazole 100 mg twice a day for 1 month. A repeat CT thorax 6 weeks after antifungal treatment revealed resolution of the lesions (figure 2B).

Disseminated histoplasmosis refers to a process of severe fungus colonisation in the lungs and other organs and body sites. The first ever case of disseminated histoplasmosis in a patient with diabetes living in a non-endemic area was reported in 1977. Since the AIDS epidemic, disseminated histoplasmosis is more commonly seen. Chronic infection often presents with pancytopenia, hepatosplenomegaly,
hepatitis and oropharyngeal or gastrointestinal lesions. A definitive diagnosis requires a positive blood culture or histological demonstration in involved tissue.

Learning points

▸ Despite no obvious immunocompromise except for diabetes, a high suspicious of index is required to diagnose disseminated histoplasmosis.
▸ Recognition of the typical fungal infection is essential for a correct diagnosis.
▸ The finding of a diffuse reticulonodular pattern on CT of the thorax should be correlated with clinical presentation for accurate diagnosis and treatment.

Competing interests None.
Patient consent Obtained.

REFERENCES