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

Mohamed Hadzri Hasmoni,1 Azarisman Shah Mohd Shah,1 Suhaimi Ayoub,2 Lau Shin Hin,3 Mohd Amran Abd Rashid4

1 Department of Internal Medicine, International Islamic University Malaysia, Kuantan, Malaysia
2 Kuantan Medical Center, Kuantan, Malaysia
3 Department of Oral Pathology and Medicine, Institute for Medical Research, Kuala Lumpur, Malaysia
4 Department of Radiology, International Islamic University Malaysia, Kuantan, Malaysia

Correspondence to Azarisman Shah Mohd Shah, risman1973@hotmail

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 intra-abdominal 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 sites1 The first ever case of disseminated histoplasmosis in a patient with diabetes living in a non-endemic area was reported in 1977.2 Since the AIDS epidemic, disseminated histoplasmosis is more commonly seen. Chronic infection often presents with pancytopenia, hepatosplenomegaly,

Figure 1 Tissue biopsy taken from the tongue lesion shows multinucleated giant cells containing encapsulated fungal organism.

Figure 2 (A) CT of the thorax showing a diffuse reticulonodular pattern bilaterally which was more evident in the upper and middle zones. (B) CT of the thorax showing resolution of the reticulonodular shadowing 6 weeks after treatment.
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**