Cutaneous Histoplasmosis in Acquired Immunodeficiency

A 37 years old male patient presented with high fever, breathlessness and non-productive cough for one month. He was a chronic smoker, non-alcoholic, and had no history of similar illness in the past. He had a past history of receiving treatment for pulmonary tuberculosis, which he discontinued after being treated for three months.

On examination, the patient was toxic with a pulse rate of 124/min, BP 120/76 mm of Hg, respiration rate of 34/min and had generalized, discrete, non-tender lymphadenopathy. The respiratory, cardiovascular and gastrointestinal system were essentially within normal limits. Chest X-ray revealed diffuse miliary mottling (Fig. 1). He was put on antituberculosis drugs. Three days after admission, he developed multiple papulo-nodular skin lesions mainly involving the face (Fig. 2) and upper limbs. The lesions were non-pruritic, and without any scale formation. The skin lesion was also sent for fine needle aspiration and cytology. ELISA and Western Blot tests confirmed HIV1 infection. His CD4 count was 88/mm³. Lymph node biopsy and fine needle aspiration and cytology of skin lesions revealed histoplasmosis (Fig. 3). He was put on HAART with intravenous amphotericin B along with prophylaxis for other opportunistic infections. His clinical condition improved and he was discharged with an advice for regular follow up. This pictorial CME presentation is to make the attending physicians aware of the rare possibility of disseminated histoplasmosis in HIV infected patients with low CD4 count.

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