Laryngeal and intestinal histoplasmosis in a patient with Systemic Lupus Erythematosus: A case report

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Introduction

Histoplasmosis, caused by the dimorphic fungus Histoplasma Capsulatum, is a systemic mycosis widely distributed in Argentina. Although a significant number of cases are asymptomatic or paucisymtomatic, severe and life-threatening forms of this infection can occur, especially in immunocompromised individuals. A case of a patient with Systemic Lupus Erythematosus (SLE) and symptomatic laryngeal and intestinal histoplasmosis is presented.

Case Report

A 38-year-old female patient with history of SLE under treatment with glucocorticoids and hydroxychloroquine, was admitted to the hospital because of fever, cough and dyspnea of recent onset. She also referred hoarseness for the last three months. A chest computed tomography was performed which revealed a left paracardiac opacity (Figure 1 and 2). With diagnostic of pneumonia, antibiotic therapy was started. A fibrobronchoscopy was realized which showed a laryngeal granulomatous lesion. Biopsy was taken and anatomopathological examination revealed intra and extracellular fungal elements suggestive of Histoplasma Capsulatum (Figure 3 and 4). This fungal agent was identified in bronchoalveolar lavage fluid using polymerase chain reaction. Itraconazol 400 mg daily was indicated. Two months later, the patient was readmitted to the hospital due to acute abdominal pain. She required surgical intervention and terminal ileum and right colon were removed. The histological examination of the surgical piece showed spore microorganisms compatible with the dimorphic fungus.

Opportunistic infections are an **important complication in SLE patients.** Histoplasmosis should be particularly suspected in those who reside and/or travel to endemic areas specially if they are under immunosuppressive therapy.

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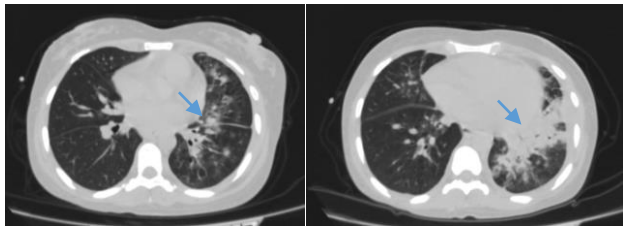
Figure 1 **Figure 2**



Chest TC: left paracardiac opacity.

Figure 3 **Figure 4**

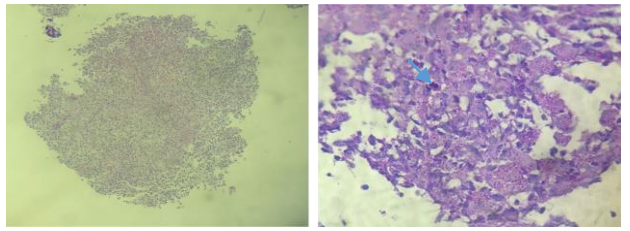


Figure 3: Laryngeal mucosa. Hematoxylin-eosin staining: Presence of small rounded elements, compatible with fungal elements are detected.
Figure 4: Laryngeal mucosa**.** PAS technique: Numerous intra and extra cellular rounded, yeast-like elements, suggestive of Histoplasma Capsulatum, are observed.

Discussion

Opportunistic infections are a major complication in SLE and can be difficult to diagnose. This case is reported because of the unusual initial presentation of progressive disseminated histoplasmosis with laryngeal involvement and subsequent intestinal affection in a patient with lupus. High level of suspicion is necessary for early diagnosis and prompt treatment.

Bibliography:
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