INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

CUTANEOUS HISTOPLASMOSIS: REVIEW OF CASES AND CLINICAL EXPERIENCE

Amadeu José Rodrigues Queiróz [1] - João Roberto Antônio [1] - Cinara De Cássia Brandão De Mattos [1]

Famerp, Faculty Of Medicine Of São José Do Rio Preto, São José Do Rio Preto, Brazil [1]

Introduction:Histoplasmosis results from infection with the dimorphic that exists as a saprophyte in nature and has often been isolated from soil.

Objective:We describe clinical and epidemiological features, treatment and complications of patients with histoplasmosis in a tertiary Dermatology service.

Materials and Methods:Revision of all cases of histoplasmosis the period of 2011-2017, through an electronic and integrated care system search, based on the CID-10 B39.
We obtained epidemiological data, associated comorbidities, assessed clinical forms, classified subtypes and severity, and evaluated the treatments and outcomes of each case.

Results:We had 11 cases of histoplasmosis with mucous and/or cutaneous involvement.
Three patients had acquired human immunodeficiency virus, with CD4 of 33, 36 and 202 in the moment of diagnosis. The patient with CD4 of 33 also had visceral leishmaniasis.
The patient with CD4 of 36 had Mycobacterium avium infection concomitantly with the diagnosis of histoplasmosis, developed meningitis due to Listeria monocytogenes, sepsis by Klebsiela pneumoniae and evolved with myelodysplastic syndrome during treatment. The patient with CD4 of 33 had granulomatous hepatitis and dissemination of histoplasmosis.
One patient had a diagnosis of lung adenocarcinoma during treatment of histoplasmosis. One patient had systemic lupus erythematosus. One patient had cirrhosis due to B virus, chronic non-dialytic renal disease, hypertension, diabetes and arrhythmia. One patient had dementia and a history of myocardial infarction. One patient had heart failure. Three patients had no comorbidities.
The patient that developed meningitis, sepsis and myelodysplastic syndrome was treated with amphotericin. The others received itraconazole.
One patient died of hemorrhagic stroke. One patient died due to disease recurrence, dissemination, adrenal insufficiency and shock. Interestingly, this patient had no previous comorbidity.

Conclusions:We report clinical and epidemiological features, diagnosis and treatment of histoplasmosis with cutaneous and mucosal presentation as the main clinical manifestation,

an infrequent and neglected deep mycosis that demands much to know.