



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

DISSEMINATED CUTANEOUS HISTOPLASMOSIS WITH LARYNGEAL INVOLVEMENT IN A SETTING OF IMMUNE RECONSTITUTION INFLAMMATORY SYNDROME

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Background: Histoplasmosis is a systemic mycosis caused by the dimorphic fungus *Histoplasma capsulatum*. We report a case of disseminated cutaneous histoplasmosis with mucocutaneous involvement in an AIDS patient paradigmatic of the multifaceted nature of the disease, which is an expression of the immune reconstitution inflammatory syndrome (IRIS).

Observation: A 39 year old male presented with a 3 month history of asymptomatic papules and nodules with necrotic centres involving the centrofacial region. The patient was diagnosed as being HIV positive a month earlier and was commenced on antiretroviral treatment. Two weeks after the development of the skin lesions, the patient complained of a sore throat and hoarseness of his voice. A fiberoptic laryngoscopy and biopsies of the skin, larynx and liver were done. The CD4 counts increased from 2 to 124 cells/μl whilst the viral load decreased from 1 million to less than 20 copies/ml. A fibre-optic laryngoscopy revealed a supraglottitis with an ulceration on the epiglottis. Histology of the liver, larynx and sections of the skin demonstrates pandermal necrotising granulomatous inflammation. Grocott-Gomori methenamine-silver and PAS stains reveal a relative paucity of intracellular, narrow neck budding fungal organisms. The patient was treated with intravenous Amphotericin B for 2 weeks followed by oral itraconazole 100mg twice a day, with an excellent response to treatment.

Key message: We are presenting this case to remind clinicians that disseminated histoplasmosis in AIDS patients may occur as an expression of IRIS. A sudden onset of hoarseness with cutaneous lesions in a patient with disseminated disease should alert one to possible laryngeal histoplasmosis. Prompt recognition and treatment will avert the potential fatal complications of this disease.

