



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

HISTOPLASMA PANNICULITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS

Ana Gabriela Sánchez Cárdenas⁽¹⁾ - Silvia Méndez Flores⁽¹⁾

Instituto Nacional De Ciencias Médicas Y Nutrición Salvador Zubirán, Dermatology, Mexico City, Mexico⁽¹⁾

Background: Infections are common in patients with rheumatic diseases. Diagnosis in these patients' population may be challenging because of the large number of potential pathogens at play and the fact that their manifestations may be masked by the disease itself or by its treatment.

Cutaneous lesions of infections by *Histoplasma capsulatum* are relatively uncommon is necessary to know this manifestation and consider in patients with rheumatic diseases

Observation: A 24-year woman with a diagnosis of systemic lupus erythematosus treated with methotrexate 12.5mg/week and prednisone 20mg/day. She was referred to dermatology with 5 days history of skin lesions. Examination revealed indurated, painful, and erythematous plaques involving the upper-inner half of the left thigh.

Skin biopsy showed mixed panniculitis. Fite-Faraco, Ziehl-Neelsen, PAS and GRAM stains were negative, and the growth of *Histoplasma capsulatum* was reported in the biopsy culture, in the direct examination with cotton blue stain, hyphae with equinulated conidia were observed.

Laboratory findings revealed that hemogram, renal and hepatic function were normal. Erythrocyte sedimentation rate was 15 mm/h. Chest and abdominal computed tomography was normal.

A diagnosis of cutaneous histoplasmosis was done. The patient was sent to infectious disease for a consultation, where she was treated with itraconazole 200 mg PO daily for a period at least 1 year.

Rapid improvement occurred in 3 weeks.

Key message: Discriminating between rare occurrences of opportunistic infections and manifestations of autoimmune diseases is crucial, histoplasma panniculitis could be misdiagnosed as a flare of systemic lupus erythematosus, leading to increase the dose of the immunosuppressant, with worsening of the infection and increasing mortality in the patient, so it is very important to consider both clinically and histopathologically this entity to make an early diagnosis and give an optimal and prompt treatment.

