Oral histoplasmosis

Histoplasmose oral

To the editor,

Histoplasmosis is an opportunistic fungal infection, endemic to Latin America, that is caused by *Histoplasma capsulatum*. This infection mostly occurs in the lungs⁽¹⁾ and is frequently associated with AIDS.⁽²⁾ Sometimes, histoplasmosis is misinterpreted with tuberculosis due to their clinical similarities.^(3,4) Oral involvement is very rare in histoplasmosis, being associated only with its disseminated form.⁽⁵⁾

A 60-year-old white patient was referred to the Oral and Maxillofacial Surgery team of the *Faculdade de Odontologia* of the *Universidade Estadual Paulista "Julio de Mesquita Filho"* (UNESP, Araçatuba, SP, Brazil) for evaluation of lesions scattered on the tongue, hard palate and skin. Clinical examination showed a prostrated and immunosuppressed patient with feeding difficulty. Oral examination revealed ulcerated lesions, caries and purulent exudate on the dorsal surface of tongue and on the hard palate. In addition, an erosive whitish lesion, typical of opportunistic lesions, was observed on the skin of the left forearm. A tongue biopsy was carried out for histopathological analysis in addition to the routine laboratory exams that were prescribed. The rapid HIV test and the specific test (Western blot) were positive, confirming a diagnosis of AIDS (Figures 1A, 1B and 1C).

The routine histopathological analysis showed the presence of clear haloes and hyphae, which, in combination with the clinical characteristics, confirmed a diagnosis of histoplasmosis (Figure 1D). Drug treatment was initiated with three daily mouth washes of nystatin (500,000IU), and the patient was referred to the medical clinic for AIDS treatment. A month later, the family reported that the patient had died.

Early diagnosis of histoplasmosis is important for improving the patient's quality of life. The timely discovery of oral lesions helps physicians treat the symptoms of HIV-positive patients, in addition to being a clinical predictor of AIDS with systemic symptoms. In the present case, the patient's delayed search for medical assistance led to a late diagnosis, which was decisive for the case prognosis.

Conflicts of interest: None.

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Figure 1 - (A to C) Lesions scattered on the tongue, hard palate and skin. (D) Histopathological analysis showed the presence of clear haloes and hyphae.

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REFERENCES

- 1. Kauffman CA. Histoplasmosis: a clinical and laboratory update. Clin Microbiol Rev. 2007;20(1):115-32.
- Gutierrez ME, Canton A, Sosa N, Puga E, Talavera L. Disseminated histoplasmosis in patients with AIDS in Panama: a review of 104 cases. Clin Infect Dis. 2005;40(8):1199-202
- Jeong HW, Sohn JW, Kim MJ, Choi JW, Kim CH, Choi SH, et al. Disseminated histoplasmosis and tuberculosis in a patient with HIV infection. Yonsei Med J. 2007;48(3):531-4.
- 4. Mandengue CE, Ngandjio A, Atangana PJ. Histoplasmosis in HIV Infected Persons, Yaoundé, Cameroon. Emerg Infect Dis. 2015;21(11):2094-6.
- Sinha S, Sardana K, Garg VK. Photoletter to the editor: Disseminated histoplasmosis with initial oral manifestations. J Dermatol Case Rep. 2013;7(1): 25-6.