

1456. Histoplasmosis in Nonendemic Areas: The HIV Factor

Luis Espinoza, MD; Isabel Gomez, MD; Janet Toirac, MD; Medicine, University of Miami School of Medicine, Miami, FL

Session: 192. Fungal Infections
Saturday, October 11, 2014: 12:30 PM

Background. *Histoplasma capsulatum* is endemic in certain areas of the United States, in Central and South America as well as some parts of Eastern Europe, Africa and Southeast Asia. Histoplasmosis may occur outside endemic areas but at much lower frequency. Miami, Florida, in the US, is not considered an endemic area for histoplasmosis. In our hospital, we care for a large number of patients with Human Immunodeficiency Virus (HIV) infection, and have identified several cases of histoplasmosis.

Methods. Retrospective review of patient's clinical and laboratory records at our institution from October 2003 to March 2012, with diagnosis of HIV infection and histoplasmosis. The diagnosis of histoplasmosis was confirmed by positive cultures and/or positive urine antigen in addition to manifestations of histoplasmosis.

Results. A total of 22 patients met the criteria for the diagnosis of histoplasmosis. We identified 17 (77%) male, and 5 (23%) female patients. Of the 22 case patients, 19 were from Latin America, and 3 from the US. Of the 22 patients, 22 (100%) were also

HIV infected, and 11 (50%) have the diagnosis of histoplasmosis within 3 months of their diagnosis with HIV infection. None of these 11 patients were on antiretroviral therapy. Of the 22 patients, 19 (90%) had CD4 count < 50 cells/ μ L. The most common symptoms were fever in 17 (77%), weight loss in 13 (59%), chills in 11 (50%), cough in 8 (36%), and skin rash in 6 patients (27%). Of the 22 cases, 16 (72%) had positive urine antigen reported; 5 (23%) had positive blood cultures, and the organism was seen in 7 (32%) skin biopsies, 5 (23%) lymph node biopsies, 5 (23%) bone marrow aspirate, and 3 (13%) peripheral smears. Of the 22 patients, 5 (23%) died during the admission, and all have multiple organs involved. Of the 22 patients, 4 (18%) were re-admitted within 24 months the initial diagnosis with relapse of histoplasmosis due to non-compliance with their ARV and/or histoplasmosis therapy. Eleven (25%) were doing well two years after their diagnosis.

Conclusion. Histoplasmosis should be considered in the evaluation of patients with advanced HIV infection in non-endemic areas. Patients diagnosed with histoplasmosis outside the endemic areas should be evaluated for HIV infection. Prompt diagnosis and initiation of therapy should improve outcomes even in patients with advanced disease.

Disclosures. All authors: No reported disclosures.