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IMAGE | SMALL BOWEL

Plaque-Like Lesions in the Gastrointestinal Tract

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CASE REPORT

A 35-year-old woman with a history of lung transplantation presented with diarrhea and postprandial abdominal pain. Her immunosuppressive medications included tacrolimus, prednisone, and mycophenolate mofetil. Mycophenolate mofetil was empirically changed to azathioprine without leading to improvement. Stool pathogen panel was negative, and blood cytomegalovirus level was undetectable using polymerase chain reaction. The patient underwent esophagogastroduodenoscopy, which showed numerous raised white plaques scattered throughout the duodenum (Figure 1). Colonoscopy showed similar plaques and nodules throughout the colon and terminal ileum (Figure 2). Pathology of the lesions revealed *Histoplasma* infection, characterized by marked expansion of the lamina propria by histiocytes infiltrated with *Histoplasma capsulatum* organisms visible by periodic acid-Schiff stain (Figure 3). Immunostains for cytomegalovirus, herpes simplex virus, and adenovirus were negative. Urine and serum *Histoplasma* antigen tests were positive. The patient was treated with isavuconazole and had resolution of symptoms within 1 month.

H. capsulatum, the causative agent of histoplasmosis, is endemic in the Mississippi and Ohio river valleys. In immunocompromised patients, disseminated disease with gastrointestinal involvement is common (especially affecting the ileum and colon). Typical endoscopy findings include mucosa erythema, ulceration, annular constricting lesions, or polypoid lesions. Treatment of disseminated histoplasmosis with antifungal medication is highly effective.

DISCLOSURES

Author contributions: K. Durham: drafting of the manuscript and approval of the final draft submitted. X. Zhang, A. Reddy, and S. Polyak: endoscopy image acquisition and interpretation, manuscript revision, and approval of the final draft submitted. Y. Xiong:



Figure 1. Duodenum with raised white plaques due to histoplasmosis.

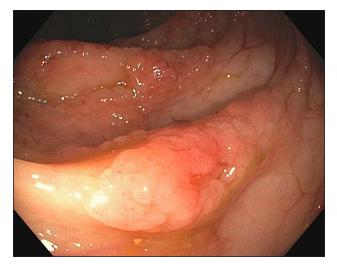


Figure 2. Colon with nodules due to histoplasmosis.

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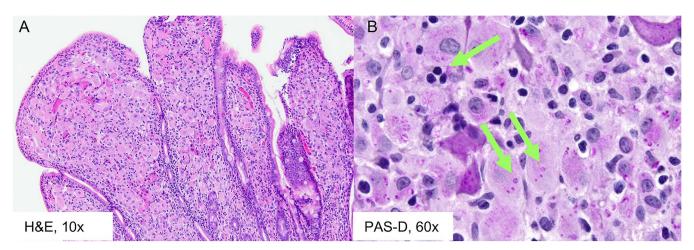


Figure 3. Duodenal lesion viewed under low power shows marked expansion of the lamina propria by histiocytes (A). High power view with periodic acid-Schiff stain reveals presence of *Histoplasma capsulatum* organisms (arrows) within histiocytes (B).

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Informed consent was obtained for this case report.

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