

A Unique Case of Progressive Disseminated Histoplasmosis with Significant Gastrointestinal Involvement

Neil C. Khoury, MD¹, Ranbir Singh, MD², Dean Rizzi, MD², Michael Castillo, MD³, Ilan Weisberg, MD³, Shah Giashuddin, MD⁴

¹Division of Gastroenterology, UConn Health, Farmington, CT

²Department of Medicine, NewYork-Presbyterian Brooklyn Methodist Hospital, Brooklyn, NY;

³Division of Gastroenterology, NewYork-Presbyterian Brooklyn Methodist Hospital, Brooklyn, NY

⁴Division of Pathology, NewYork-Presbyterian Brooklyn Methodist Hospital, Brooklyn, NY

Background

- Histoplasmosis is a predominantly pulmonary fungal infection, caused by inhalation of *Histoplasma Capsulatum*
- Immunocompetent individuals typically have self-limiting disease
- Immunosuppressed individuals are at risk for severe extra pulmonary complications
- We present a rare case of a transgender woman with disseminated histoplasmosis complicated by severe gastrointestinal manifestations including small bowel obstruction, splenic infarction, hepatopathy, ileitis and large colonic masses

Case Presentation

- 43-year old transgender woman with AIDS and longstanding medication noncompliance
- First identified to have disseminated histoplasmosis on bone marrow biopsy (2018) for anemia
- In 2019, small bowel obstruction due to excessive fungal infiltration of Peyer's patches
- Status post ex-lap & partial small bowel resection with primary anastomosis & splenectomy
- Spleen pathology: extensive necrosis, GMS+, PAS+ for fungal budding yeasts with histiocytes

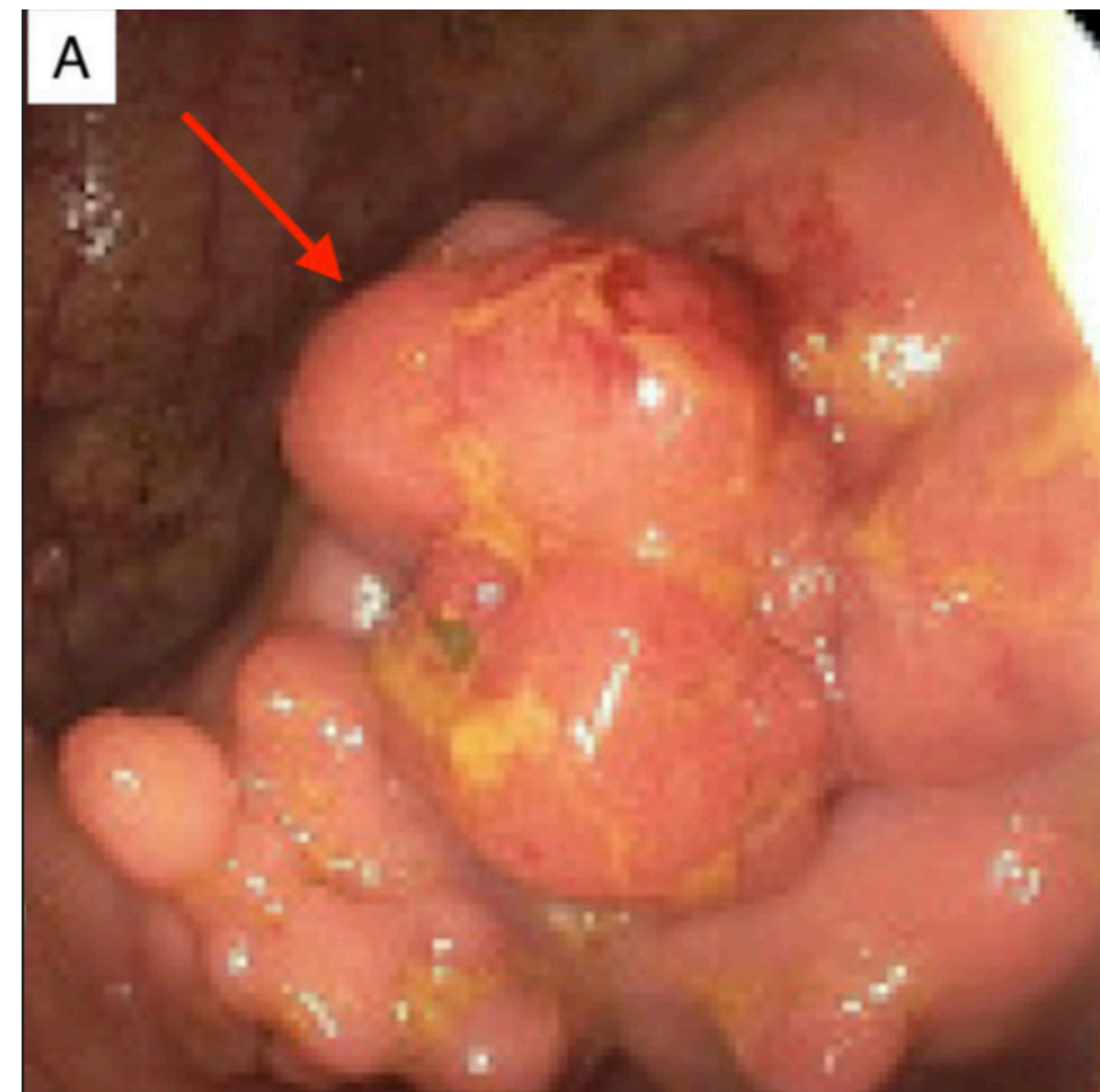


Figure A. Polypoid histoplasmosis mass found in cecum on colonoscopy

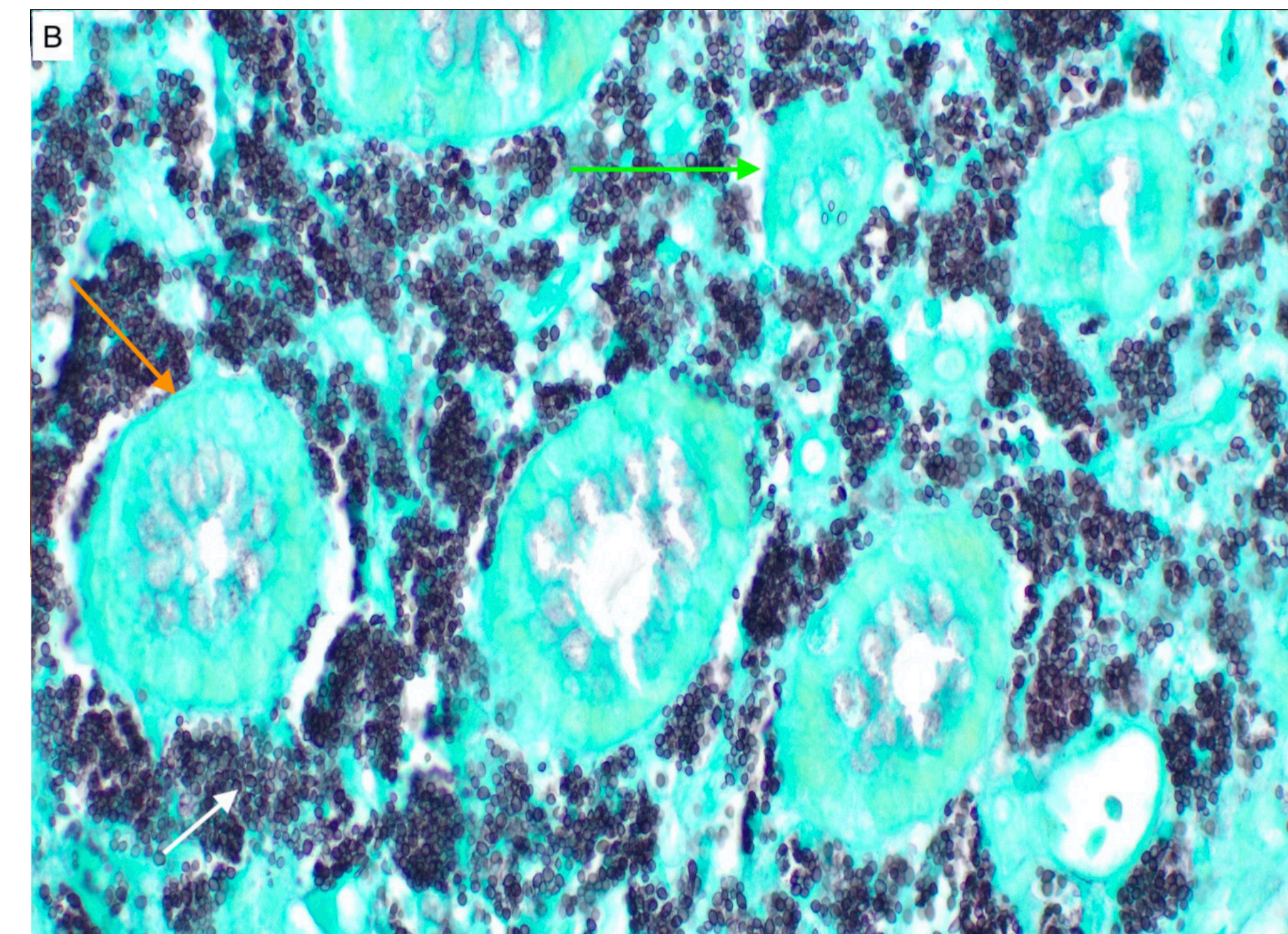


Figure B. Histology slide of the terminal ileum biopsy using GMS stain. Intestinal crypts of the ileum (orange arrow) are surrounded by densely packed *Histoplasma Capsulatum* (white arrow). Some crypts are formed while others appeared destroyed (green arrow).

Key Points

- **Disseminated Histoplasmosis has varied GI manifestations**
- **Recurrence in 50% of patients, even with adherence to therapy**
- **If untreated, disseminated histoplasmosis has a mortality rate of >90% within one year**
- **Thus, it is imperative to identify patients with potential barriers to health care to reduce morbidity and mortality**

AMAZING
THINGS
ARE
HAPPENING
HERE

- Managed with amphotericin infusions, then transitioned to maintenance with oral Itraconazole, until the latter was no longer covered by insurance
- In 2022, after being off of itraconazole for two months, repeat colonoscopy revealed multiple colonic masses (Figure A)
- She was restarted on 4-6 weeks of IV amphotericin

Contact Information

<Neil C. Khoury, MD>

<Division of Gastroenterology & Hepatology,
UConn Health>

Email: neilkhourymd@gmail.com

**UConn
HEALTH**