Abstract

We present the case of a 59 year old male who was seen in Dental clinic for evaluation of ill fitting dentures and oral pain. He endorsed a 40 pound weight loss over 2-3 months and one week history of dysphagia and odynophagia. On physical examination, a fungating, ulcerative, red, 5-6 cm lesion covering the floor of mouth, lower alveolar ridge, and vestibule was noted. No lymphadenopathy was noted. The lesion was biopsied and sent for histopathologic evaluation. Head and Neck service was consulted to evaluate the lesion.

Objectives:

Upon evaluation by Head and Neck service, a fungating, ulcerative, red, 5-6 cm lesion was noted. Both routine H&E stain and special stains with PASD and GMS methods confirmed the presence of diffusely distributed intracellular fungal yeast form of Histoplasma capsulatum (Figure 2). Infectious disease service was consulted and the patient was started on Itraconazole and HIV test was non-reactive. He responded rapidly to antifungal therapy.

Results:

Histoplasmosis is a systemic mycosis caused by Histoplasma capsulatum, a fungus found globally in soil. This disease has variable clinical findings with pulmonary or systemic involvement. The disseminated form occurs mainly in immunocompromised hosts and occurs in HIV infected individuals. Immunosuppressed individuals should be considered for antifungal therapy as soon as the diagnosis is made because the fungal burden increases over time.

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