Laryngeal Histoplasmosis: A Mimicker of Laryngeal Carcinoma

Gregory Kelts MD, Thomas Willson MD, Nathan Hales MD
San Antonio Uniformed Services Health Education Consortium

ABSTRACT

The presentation of any patient with a laryngeal lesion concerning for laryngeal squamous cell carcinoma is often the first consideration in patients presenting to a head and neck surgeon with a history of smoking, hoarseness, and a laryngeal lesion. However, although the initial concern for squamous cell carcinoma is warranted given the prognostic implications for untreated or inappropriately treated disease and the need for potentially life changing treatment modalities there are other pathologies which should be considered within the differential. We present the case of a 53 year old male smoker with hoarseness and a large laryngeal lesion, which subsequent biopsy proved to be histoplasmosis and his subsequent treatment.

METHODS AND MATERIALS

We reviewed the records of a single patient presenting to a busy Head and Neck Oncology Practice at a tertiary medical center.

RESULTS

SR is a 58 year old male who initially presented with a complaint of gradual onset breathlessness which had progressed to aphonia. He had previously been treated with multiple course of antibiotics in addition to antiviral medications. After initial improvement, symptoms returned. He reported a 70 pack-year smoking history and at the time of presentation was smoking 10 cigarettes daily. He denied dysphagia, or aspiration and was not having any dyspnea or stridor. At the time he was taking a proton pump inhibitor for reflux, and had no concerning past medical or surgical history. A complete head and neck examination revealed no abnormalities. Video stroboscopy was remarkable for a polypoid mass on the left true vocal fold, creating an irregular border and absent mucosal wave on that side. Given his history and these concerning findings he was taken to the operating room for direct laryngoscopy with biopsy. Frozen section analysis yeast and was suggestive of histoplasmosis. A fungal culture confirmed this finding of Histoplasma capsulatum. Infectious disease was consulted and prescribed intraconazole 200mg twice daily for 6 months. Over the course of treatment the patient’s voice and exam improved with eventual resolution. During his course of care he reported that he lived in close proximity to Egrets residing at the Zoo. Further, he often walked his dog near the exhibit and thus was exposed to these contaminated organisms.

CONCLUSIONS

Laryngeal lesions are common in a head and neck oncology practice, with squamous cell carcinoma being the most common malignancy. Patients with a history of smoking and a laryngeal lesion merit increased suspicion of squamous cell carcinoma in the setting of persistent hoarseness or voice changes. While it is important to rule out squamous cell carcinoma, it should not be assumed, as a thorough history and consideration of other etiologies of laryngeal disease, including granulomatous pathologies, is important. With this consideration, these lesions can be identified and treated effectively with medical therapy, sparing unnecessary surgery and preserving vocal function.

REFERENCES

1. Wolf et al. Laryngeal Histoplasmosis
2. Goodwin et al. Disseminated Histoplasmosis: Clinical and Pathologic Correlation
3. O’Hara et al. Epithelial Histoplasmosis Presenting in a Nonendemic Region
4. Goodwin et al. Histoplasmosis in Normal Hosts
5. Sataloff et al. Histoplasmosis of the Larynx
6. Kurowski et al. Overview of Histoplasmosis
9. Donegan et al. Histoplasmosis of the Larynx