Disseminated Histoplasmosis mimicking widespread Molluscum Contagiosum

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BACKGROUND

- Histoplasma capsulatum is a dimorphic fungus
- Epidemiology: found worldwide, particularly in the Ohio and Mississippi River valleys within the United States; found in birds as well as bats and transmitted by inhaling its spores
- 3 forms of histoplasmosis: acute pulmonary (presents with influenza-like illness), chronic cavitary, and disseminated
- Disseminated Histoplasmosis is most commonly seen in immunocompromised (transplants, HIV, etc.); worst prognosis of the three
- Cutaneous lesions can have a variety of presentations

CASE REPORT

- 63yo M presents with 10-day progressive diarrhea, fatigue, cough, dyspnea on exertion, decreased appetite, and multiple small skin-colored papules
- MHC: renal transplant (2.5 years prior)
- MedHc: tacrolimus, mycophenolate mofetil, prednisone
- SHc: Patient traveled to Minnesota one month ago
- Physical Exam: Numerous skin-colored papules over face, neck, trunk, and upper extremities without drainage. Many of these lesions were umbilicated and appeared like molluscum.

CLINICAL COURSE

- Serologies: Histoplasma Antigen Serum and Histoplasma Galactomannan Antigen Urine were positive
- Amphotericin B was initiated
- Despite efforts, the patient gradually displayed altered mental status and displayed multisystem organ failure
- After discussion with family, code status was updated to DNR and patient expired soon after

DISCUSSION

- Atypical dermatological presentation of histoplasmosis in non-endemic region (although the patient had recently traveled to Minnesota)
- Only 6% of histoplasmosis cases present with cutaneous lesions
- Primary lesions vary in size and locations; most commonly hyperpigmentation as well as erythematous papules and nodules
- Molluscum contagiosum-like umbilical lesions are unusual clinical manifestations of histoplasmosis that have been sparsely reported in the literature
- This case highlights the importance of including Histoplasmosis in the differential diagnosis of molluscum like lesions in an immunocompromised patient
- Other entities on the differential diagnosis: Pneumocystis jiroveci, endospores of Coccidioides spp., Leishmania, and Candida glabrata
  - Leishmania contains kinetoplasts
  - Candida glabrata primarily affects the superficial mucosa
  - P. jiroveci rarely causes skin lesions
  - Coccidioides are histologically characterized by necrotizing granuloma rimmed by epithelioid histiocytes and ruptured spherules releasing non-budding endospores

REFERENCES