PRIMARY MUCOCUTANEOUS HISTOPLASMOSIS

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FEW CASES of primary mucocutaneous histoplasmosis were reported in the literature. Two such cases are illustrated here.

Case report

A Chinese male, aged 56 years, was seen on 28.4.66 with cough and hoarseness of voice of 10 days' duration. He was a hospital sweeper. Roentgenogram of chest revealed patchy wooly opacities in both upper, and left middle zones. The lesion was thought to be tuberculosis of lungs. Repeated sputum smear and culture for acid-fast bacillus were negative. He received a course of anti-tuberculosis therapy, followed by disappearance of shadows of both lungs. In June, he developed few nodules on the dorsal surface of the tongue. Subsequently, these nodules coalesced and formed a large painful ulcer with irregular raised margin (fig. 1). Cervical lymph nodes were not palpable. He received a course of penicillin therapy on the basis of positive Kahn test but there was no improvement of the ulcer. On 3.7.66., histological section of ulcer of tongue showed diffuse granulomatous inflammation with massive infiltration of histiocytes containing clusters of Histoplasma capsulatum in the submucosa (fig. 2 & 3). Sputum smear and culture for histoplasma were negative.

In August, he presented few umbilicated nodules on the skin of flexor surface of both elbows (fig. 4). After few days, they became ulcerated. Then few fresh nodules appeared inside the cheeks and around the ulcer of the tongue. Histological section of the forearm nodule showed granulomatous lesion caused by H. capsulatum.

On 5.10.66., amphotericin B was administered and continued till 16.10.66. when it was withdrawn due to the development of toxic symptoms. There was remarkable improvement of the oral and cutaneous lesions but he died on 23.10.66.

Discussion

Histoplasmosis caused by the fungus called Histoplasma capsulatum has world-wide distribution but is particularly endemic in certain zones of North America. Few cases of histoplasmosis have been reported from Southeast Asia. 15 cases of histoplasmosis from Thailand, 6 cases from Indonesia, 7 cases from Malaysia and one case from Singapore have been documented (Ponnampalam, 1968). Symmers (1966) found 7 cases of ulcerative histoplasma lesions of mouth, throat, anus or vulva occuring among Southeast Asians.

Fig. 1: Mucosal histoplasmosis. Note ulcerative nodular lesion on dorsal surface of tongue.

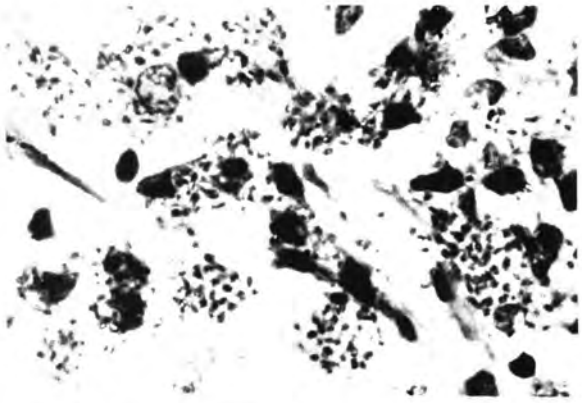

Fig. 3: Higher magnification of Fig. 2, showing histiocytes containing histoplasma capsulatum (hematoxylin and eosin x 1025).

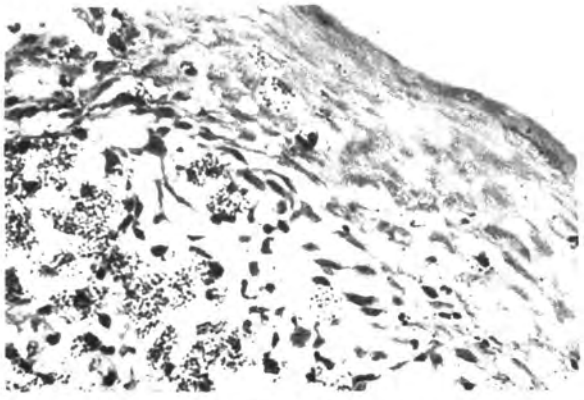

Fig. 2: Clusters of histoplasma capsulatum are seen in mucosa and submucosa of tongue (hematoxylin and eosin x 160).

Fig. 4: Cutaneous histoplasmosis. Note ulcerative nodular lesion on flexor surface of both elbows.

Histoplasma capsulatum has been isolated from the soil, dust, air and animal excreta particularly of chickens: it has been found in old silos and caves. There are a number of clinical types of histoplasmosis which are diverse in their manifestations. These are:

(1) subclinical infection,
(2) localised primary pulmonary,
(3) diffuse primary pulmonary,
(4) localised mucosal or intestinal infection,
(5) disseminated infection,
(6) subacute primary infection,
(7) epidemic histoplasmosis, and
(8) reinfection histoplasmosis.

The vast majority of histoplasma infection are subclinical or at least produce symptoms which could not be differentiated from mild intercurrent bacterial or viral infection (Smith, 1963).

Localised mucosal infection may result from local infection in the ear, nose, pharynx, larynx, lip, penis: the localised infection may at times be local manifestations of a systemic invasion (Smith, 1963). Ponnampalam (1968) in his series observed that, of 7 cases of histoplasmosis, 6 involved oral cavity, and one occured in the socket after extraction of teeth. Sometimes histoplasmosis may complicate tuberculosis, sarcoidosis, Hodgkin's disease, leukaemia and immunosuppresive disorders. Diagnosis of histoplasmosis is established by skin test, precipitation and complement-fixation tests, culture of sputum, bronchial aspirate and gastric lavage, and histological examination of tissues stained by P.A.S. or Groccot's method. Amphotericin B is the treatment of choice for progressive pulmonary, disseminated or acute localised lesion. Most pulmonary lesions are benign. Disseminated disease, if left untreated, is usually fatal.

Summary

A rare case of primary mucocutaneous histoplasmosis is described here. We are not aware of such cases being reported from Malaysia.

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