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# Abdominal Histoplasmosis Masquerading As Tuberculosis in An Immunocompetent Patient

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## INTRODUCTION

Histoplasmosis is an important systemic fungal infection in endemic areas.

In India, most cases are from eastern India (considered to be endemic for the disease) and very few cases reported from the northern part of India.

We report a case of abdominal histoplasmosis presenting in an immuno-competent patient mimicking tuberculosis from the state of Haryana.

## CASE REPORT

A 40yrs female patient was admitted with high grade fever with chills and rigor from 2 days, one episode of loose stool, abdominal pain for 2 days, headache and generalized weakness. on examination pallor was seen. Vitals showed bp 100/60 mmHg; temperature 101 F, CVS/CNS/ lungs: normal, epigastric tenderness and left iliac fossa tenderness was present on examination.

On investigations HB 5.8,TC/DC normal; ESR 140, LFT showed serum total protein 9.2.s albumin 3.1,serum globulin 6.1 A/G ratio 0.5,rest normal, HIV test was negative, MP was negative, s ferritin 127 CRP 0.20 TSH 30.19, widal test was negative; stool R/M was normal, blood culture sterile, USG whole abdomen showed mild hepatomegaly, colonoscopy showed colonic and caecal ulcer, normal terminal ileum, upper GI endoscopy showed antral gastritis, RUT positive, erosive in post bulbar and D2, CT abdomen showed moderate hepatomegaly with multiple necrootic mesenteric and retroperitoneal lymph nodes with and thickening in ileocaecal segment of bowel with minimal free fluid in pelvis ? Koch"s. Patient was given blood transfusion and treated with HP-kit, ATT, and other supportive treatment. Endoscopic biopsy from D2 post bulbar area and colonoscopic biopsy from caecum showed abdominal histoplasmosis and was treated with antifungals and patient recovered well.

## DISCUSSION

Histoplasmosis is an airborne infection caused by dimorphic fungus Histoplasma.

Signs and symptoms include: fever, chills, headache, myalgia, dry cough, chest discomfort, joint pain and rash, weight loss. It resolves spontaneously in most patients, but in immunosuppressive patients its spreads widely.

**Complications include:** acute respiratory distress syndrome, heart problems, adrenalin sufficiency, meningitis.

Intervention procedures may be used for diagnostic purposes when other modalities are unrevealing. Biopsy is gold standard

**Treatment:** Most acute histoplasmosis cases will resolve themselves after a few weeks of illness. Antifungal therapy is recommended in Chronic /disseminated histoplasmosis. Amphotericin B or Itraconazole give excellent outcome though therapy may have to be given for a prolonged period in case of relapses.

## CONCLUSION

The symptoms of chronic histoplasmosis can mimic that of tuberculosis and should be kept in differential diagnosis even in immunocompetent patients also.

It may go undiagnosed otherwise.

If detected and treated early prognosis is favourable

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