JMSCR Vol||07||Issue||06||Page 1090-1092||June 2019

www.jmscr.igmpublication.org
Index Copernicus Value: 79.54
ISSN (e)-2347-176x ISSN (p) 2455-0450
crossref DOI: https://dx.doi.org/10.18535/jmscr/v7i6.183

IGM Publication
Journal Of Medical Science And Clinical Research
An Official Publication Of IGM Publication

A Case of Tongue Histoplasmosis Mimicking Carcinoma

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Abstract
Histoplasmosis is a systemic fungal disease that takes various clinical forms of which oral lesions are very rare. Isolated oral histoplasmosis without systemic involvement without underlying immunosuppression due to AIDS is very rare. We have a report of one such case of isolated oral histoplasmosis in an immunocompetent individual.

Introduction

Histoplasmosis is a granulomatous systemic mycosis caused by dimorphic fungi Histoplasma capsulatum, the clinical disease of which was first described by Samuel Darling in 1905.

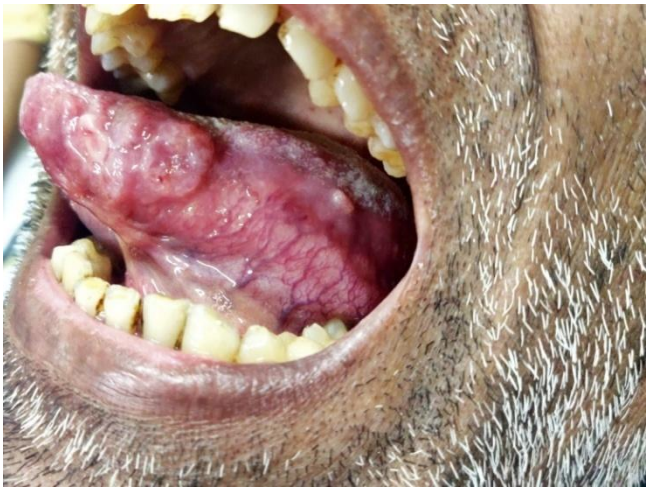
Oral histoplasmosis usually occurs in association with chronic disseminated form of the disease.

Case Report

This 55yr old diabetic male patient pharmacist by profession reported with chief complaints of painful ulcer on left side of tongue for 3 weeks. There is no history of trauma prior to the onset of the ulcer. The ulcer was also associated with severe sharp stabbing pain which led to odynophagia. There was no evidence of systemic symptoms. Patient had no exposure to bird or animal droplets.

Patient has a past history of traumatic fracture at L1 level for which he underwent interlocking nailing at that level in 2015. The patient has decreased sensation of bowel and bladderv and paraparesis since 2015.

On examination: a solid angry looking ulcer on left lateral border of tongue measuring 1.5*2cm, edematous, raised solitary deep ulcer on left dorsum of tongue which was elliptical, granular, tender and indurated on palpation without focal areas of necrosis. There is no evidence of enlargement of lymph nodes in any other region.



A **Chest X-ray** did not reveal any abnormality.

The patient was non reactive for HIV1 & 2 using Western Blot assay.

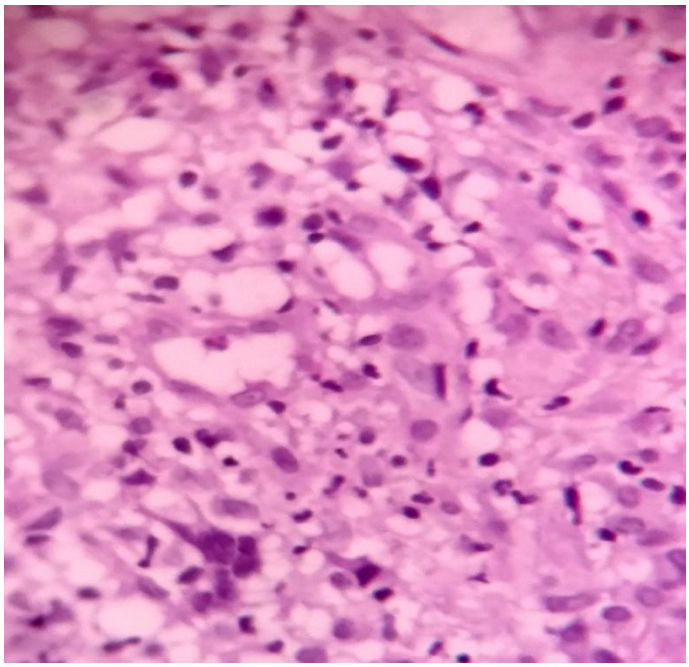
Fungal culture of tissue from tongue showed no evidence of Mycobacterial tuberculi.

Histopathology

The Histopathologic sections revealed an ulcerated, stratified squamous epithelium in relation to the tongue with dense chronic inflammation, numerous epitheloid cell granulomas, few Langhans-type giant cells and foamy macrophages with fungal spores.

There was no evidence of caseous necrosis or malignancy in the tissue sections.

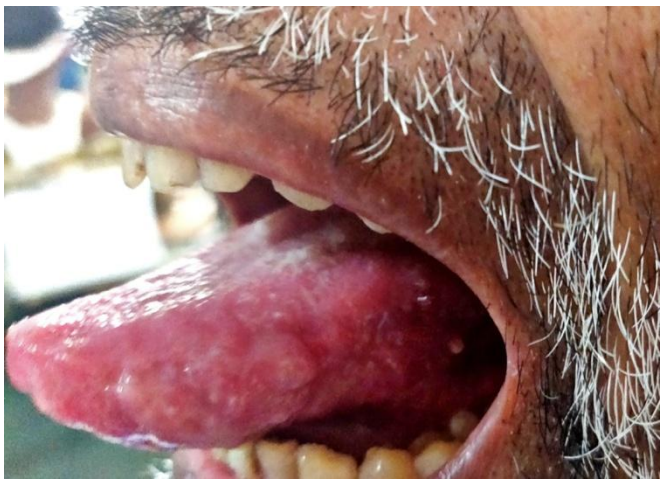
The histologic features were suggestive of histoplasmosis.



Treatment

Patient was put on oral Tablet Itraconazole 300mg twice daily for 2weeks and Itraconazole ointment application locally thrice daily for 2 weeks.

The lesion reduced in size and gradually healed over the course of treatment.



Discussion

Histoplasma capsulatum is a dimorphic fungus that assumes a yeast form about 1-4 micron in diameter in host tissue. It is found in warm/humid environment that contains bird and bat excreta and soil high in nitrogen content.

Studies suggest that Histoplasma in India tend to occur primarily in extrapulmonary site especially in oral cavity. Oral lesions of disease manifests rarely in an immunocompetent individual.

Common in men: Male: Female 9:1

Mean age of occurrence- 39years (26-65years)

Common sites in oral cavity: tongue/ hard and soft palate, buccal mucosa, gingiva, lips.

Oral lesion manifest as pappular/ ulcerative/ nodular/ vegetative /furunculosis / granulomatous/ plaque like lesion with most common presentation shallow/ deep infiltrated ulceration with a pseudomembrane.

Histoplasmosis can be diagnosed based on clinical signs and symptoms, histopathological examination, cultures, serological test.

Diagnosis by fungal culture provides strongest evidence of infection.

Histpathological examination is the prime investigation modality.

Histoplasmin skin test is of limited value.

The disease is self limiting in immunocompetent patients.

Studies have shown that in immunocompetent patients without AIDS

Amphotericin B effective by 68-92%

Itraconazole by 100%

Ketoconazole by 56-70%.

Itraconazole is known to have rapid action and if effective in preventing relapse.

Conclusion

The consistently raising incidence of Histoplasmosis in India and other parts of Asia is quite alarming. When such cases are encountered an attempt must be made to evaluate and underlying HIV seropositivity as it is the 2nd most

common opportunistic infection associated with AIDS.

A thorough clinical knowledge about oral Histoplasmosis is important in diagnosing and preventing further dissemination and fulmination of this fatal disease.

Acknowledgements

The authors wish to acknowledge Dr. S.K. Dutta (MS ENT, DNB) Dr. Subhradeb Biswas (MS ENT) Dr. A.R. Mondal (MS ENT) for their guidance and support.

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