

Case of diffuse histoplasmosis in immunodeficient host with co-infection with Gonococcal urethritis and Syphilis

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Abstract Information

Topic

1st choice: Epidemiology/Clinical Disease
2nd choice: Epidemiology/Clinical Disease

Background

HIV predisposes patient to increased risk of acquisition of other Sexually transmitted infections to upto 4 times than normal population. This risk increases even more if the CD4 count level of immunocompromised pt is $< 50\text{cells}/\mu\text{L}$. HIV also leads to acquisition of opportunistic infections like histoplasmosis, cryptococcosis and TB. People indulging in high risk behaviours are at increased risk of acquisition of other STI.

Aim/Methods

CASE HISTORY:

A 26 yr old unmarried male presented to us with erythematous well-defined plaques present over face, both arms and legs x 3months. He also gave history of dry cough with sputum since last 6 months which was associated with fever, malaise, weight loss $>12\text{ kgs}$ in last 2 months.

Patient also complained of burning micturition with purulent discharge from urethra since last 2 weeks. He also gave history of having painless ulcer over glans penis in the past.

Sexual history – unmarried male with h/o first intercourse at 23yrs, h/o multiple partner, bisexual, indulging in oral, anal and vaginal sex, unprotected. Also gave h/o IV drug abuse

O/E: patient had an emaciated look

Cutaneous examination- multiple erythematous plaque of varying sizes were present over face, both arms and legs with some showing central ulceration and multiple postinflammatory hyperpigmentation marks were present over back and legs

Genital mucosa: profuse mucopurulent discharge from urethra.

Results

Investigations :

HIV and VDRL along with gram stain and pus/s was done. Results were- HIV- positive, CD4 count $-47\text{ cells}/\mu\text{L}$, VDRL – reactive and TPHA +ve. On Gram stain: Gram negative intracellular diplococci were present and culture & PCR for gonorrhoea was +ve.

CECT Chest – multiple centrilobular nodules with tree in bud configuration present in b/l parenchyma. Enlarged mediastinal lymphnodes.

SSS from lesion- budding yeast cells in figure of 8 configuration,

Skin biopsy- was suggestive of histoplasmosis with PAS +ve.

Conclusions

High risk behaviour as seen in our patient can lead to multiple co infections. Therefore we need to educate young people regarding safe sex practices and decrease the global burden of STIs.

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Travel Grant Application

1. Presenting Author's Country
INDIA