

Title:

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DOI: 10.17235/reed.2024.10432/2024

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:

González Díaz Irene, Suárez Ferrer Cristina , Amiama Roig Clara , Amor Costa Carmen . Gastrointestinal bleeding due to disseminated histoplasmosis in a patient under anti-TNF treatment. Rev Esp Enferm Dig 2024. doi: 10.17235/reed.2024.10432/2024.

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Gastrointestinal bleeding due to disseminated histoplasmosis in a patient under anti-TNF treatment

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CLINICAL CASE

A 62-year-old woman, originally from Peru, with rheumatoid arthritis under treatment with anti-tumor necrosis factor (anti-TNF) therapy, was admitted due to constitutional syndrome and suspicion of neoplasia. Computed tomography (CT) scan revealed involvement of three segments of the colon, ascites, and likely peritoneal implants. Ascitic fluid analysis showed elevated adenosine deaminase (ADA) levels and lymphocytosis. The patient presented with hematemesis and hematochezia with hemodynamic instability. Upper gastrointestinal endoscopy identified an extensive ulcer in the middle esophagus with a granular base, elevated and defined edges, indeterminate for malignancy and without blood residues. Colonoscopy also revealed multiple extensive ulcers in the transverse colon, with whitish bases and thickened and necrotic-looking surrounding mucosal edges.

Histology showed granulomas and yeast-like fungal structures with methenamine silver staining in both tissues, consistent with disseminated histoplasmosis. Antifungal treatment was initiated with good clinical evolution.

DISCUSSION

Disseminated histoplasmosis is an opportunistic infection in immunocompromised patients, including those on anti-TNF treatment. Gastrointestinal involvement presents with nonspecific symptoms such as abdominal pain, weight loss, and occasionally severe gastrointestinal bleeding or perforation. Endoscopic findings commonly include ulcerated lesions, granulomatous or pseudopolypoid masses that can be confused with

tumors or other granulomatous diseases such as tuberculosis. Definitive diagnosis relies on blood and affected tissue cultures or direct visualization of the fungus through biopsy. Diagnosis is often delayed due to the nonspecific clinical presentation and low suspicion. It is important to consider these diseases in immunocompromised patients.

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Figure 1: Ulcer in the middle esophagus with a granular base, well-defined borders, occupying half of the circumference.

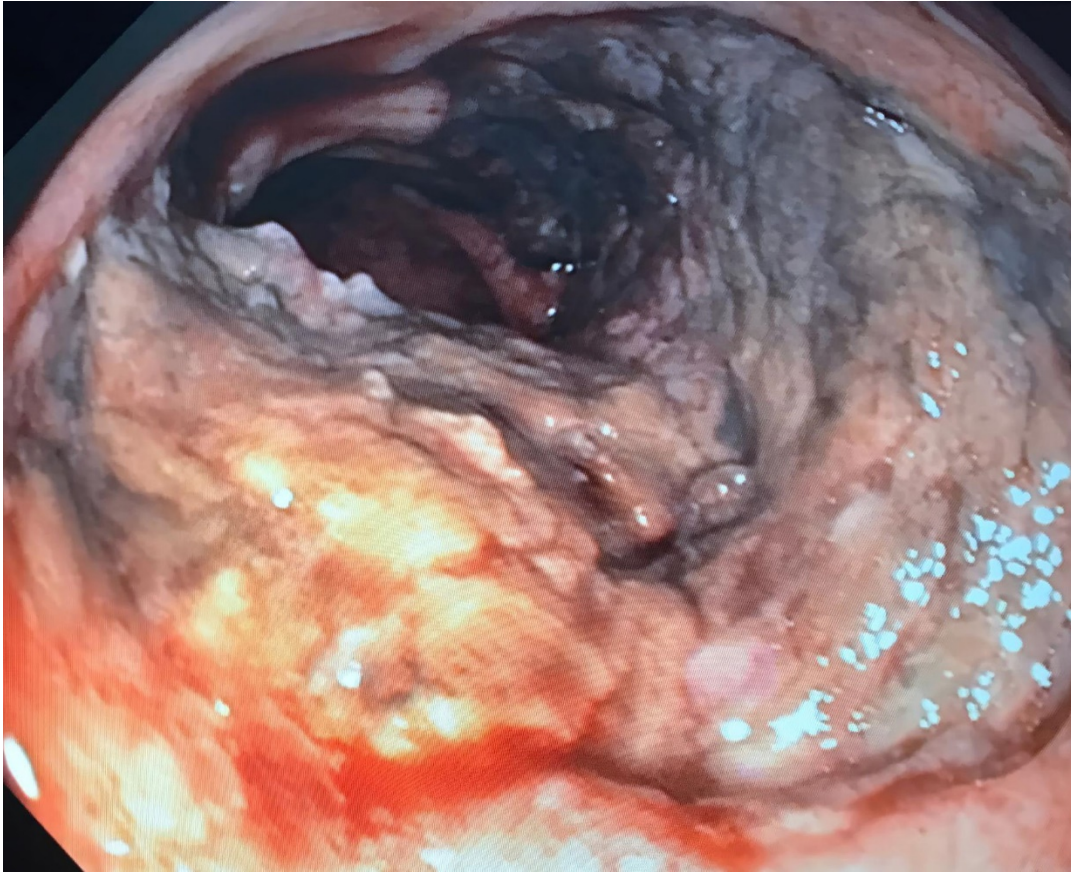


Figure 2: extensive ulcer in the sigmoid colon, with elevated borders and a necrotic appearance.