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Multiple liver lesions as an extraordinary finding of disseminated histoplasmosis in an immunocompromised patient

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Keywords: Disseminated histoplasmosis. Multiple hepatic lesions. Immunosuppression.

We report the case of a previously healthy 37-year-old male patient from Venezuela, presenting with chronic diarrhea and right upper quadrant abdominal pain. Laboratory findings demonstrated normocytic anemia, lymphopenia, and polyclonal hypergammaglobulinemia. Stool cultures were negative. Serological tests confirmed HIV infection characterized by a high viral load and severe immunosuppression, with a CD4 count below 50 cells/µL. Computed tomography (CT) imaging revealed multiple hypovascular hepatic lesions with subtle ring enhancement (Figure 1). Endoscopic evaluation identified a punched-out ulceration in the second part of the duodenum and segmental ileocolitis (Figure 2). Histological examination disclosed lymphohistiocytic infiltrates containing intracellular microorganisms that were Grocott-positive, consistent with Histoplasma capsulatum infection.

The patient underwent treatment with liposomal amphotericin B for 14 days, followed by maintenance therapy with itraconazole for one year, combined with antiretroviral therapy, achieving favorable clinical outcomes.

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Histoplasmosis is a mycotic infection caused by the dimorphic fungus *Histoplasma capsulatum*, primarily acquired through inhalation of aerosolized spores, resulting predominantly in pulmonary involvement. Immunosuppression significantly increases the risk of extrapulmonary dissemination; therefore, an understanding of epidemiological patterns is essential for appropriate clinical suspicion, particularly in patients originating from endemic regions in America, Asia, and Africa. [1]

Although antigen detection in serum and urine provides a sensitive and rapid diagnostic tool, definitive diagnosis requires either fungal isolation through culture from affected tissues or direct histopathological visualization. [2] Gastrointestinal involvement typically presents with nonspecific symptoms, including abdominal pain, weight loss, and potentially severe gastrointestinal bleeding secondary to ulcerative lesions within the digestive tract. [2] While gastrointestinal manifestations of histoplasmosis are well-documented, hepatic involvement is relatively uncommon, underscoring the particular significance and clinical relevance of this reported case. [3,4]

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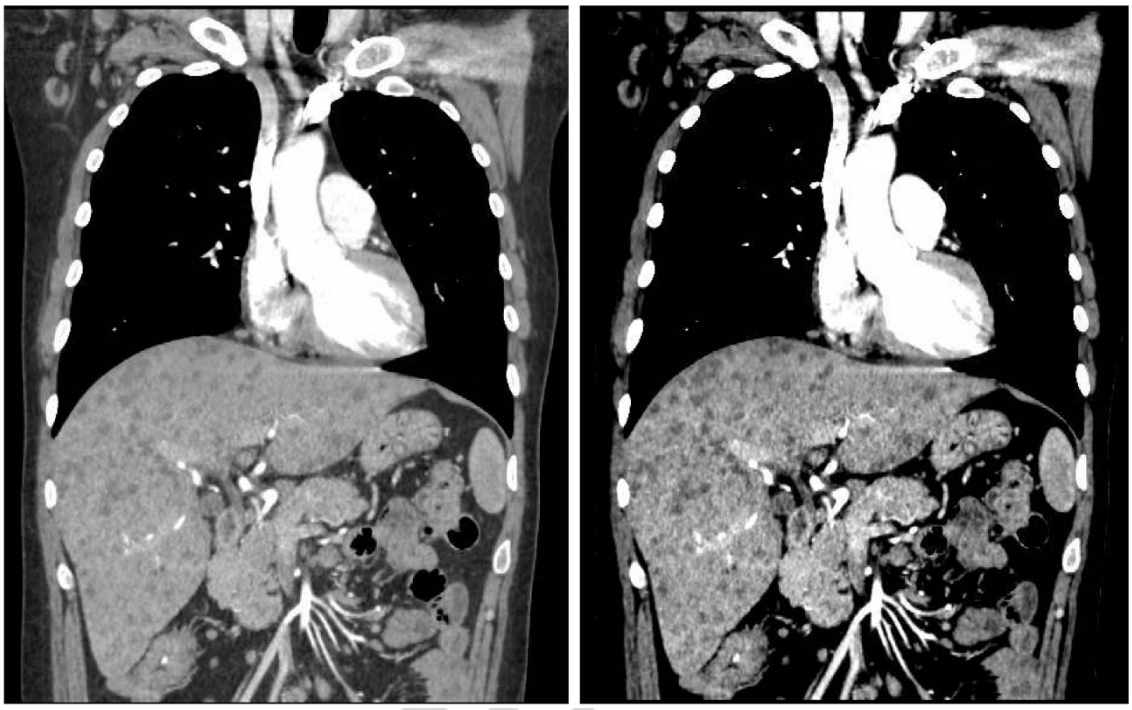

Figure 1. Computed tomography image showing multiple millimetric hypovascular liver lesions, sparing vascular structures and biliary tract.

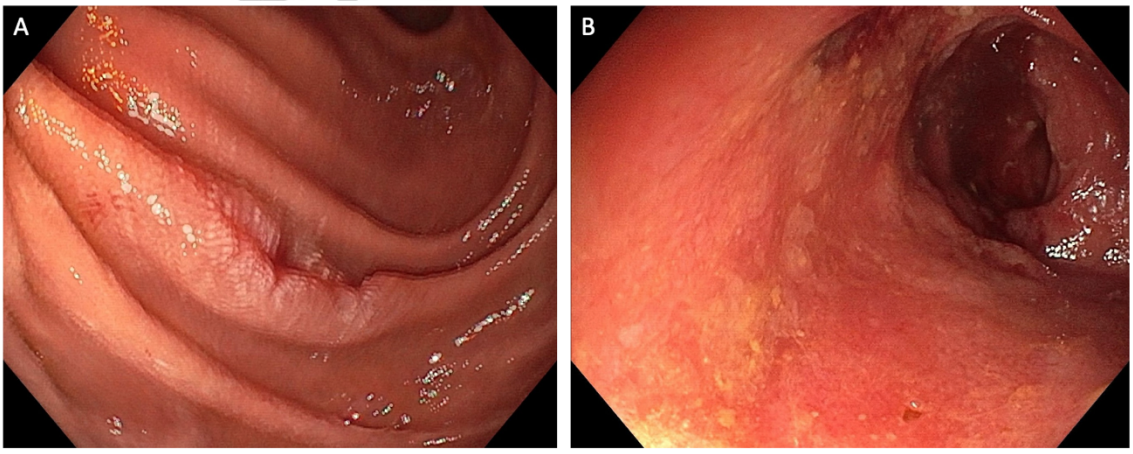

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Figure 2. A) Gastroscopy image showing a punched-out ulcer in the second portion of the duodenum. **B)** Colonoscopy of the right colon demonstrating loss of vascular pattern and edematous mucosa with some superficial erosions.