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A case of esophageal histoplasmosis mimicking carcinoma on endoscopy

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CASE REPORT

The case was a 54-year-old female with progressive and non-acute dysphagia to solid foods, post-feeding vomiting and weight loss of 10 kg in one year. She was a former smoker of 60 packs/year, underwent a heart transplant for idiopathic dilated cardiomyopathy, and had type 2 diabetes. She was on daily metformin and immunosuppressive drugs and the laboratory tests were all normal.

Upper digestive endoscopy (UDE) revealed a lesion of 3 cm presenting atypical rectified vessels in the middle third of the esophagus, covering 50 % of the esophageal lumen, suggestive type 0-IIc+IIa1 (Fig. 1A). The chromoendoscopy with Lugol iodine at 1.25 % showed a positive pink sign (Fig. 1B). Biopsies showed esophagitis with mixed inflammatory infiltrate and numerous macrophages (Fig. 1C, upper panel). The periodic acid-Schiff staining showed small yeasts compatible with *Histoplasma capsulatum,* measuring 0.5 to 2.5 µm within the cytoplasm of macrophages (arrows), with a clear halo (inset, arrows) (Fig. 1C, lower panel). These findings were compatible with esophageal histoplasmosis. Treatment was started with oral itraconazole 400

mg/day. After three months, a new UDE with biopsies showed complete esophageal healing.

DISCUSSION

Gastrointestinal histoplasmosis manifests mainly in the small bowel and colon, related to a great amount of lymphoid tissue in these areas. Patients can present with fever, weight loss, abdominal pain and diarrhea. In endoscopy, we may find ulcerations, thickened wall, plaques and pseudopolyps (2). It is considered as a rare condition, and there is esophageal involvement in only 3 % of cases. This manifestation is mainly in immunosuppressed patients. It can be related to direct involvement of the esophagus or secondary to infiltration of mediastinal nodes (2). In endoscopy, ulcerations, inflammatory masses, strictures and external compressions can be found. This case illustrated the difficulty in differentiating early cancer from an esophageal histoplasmosis.

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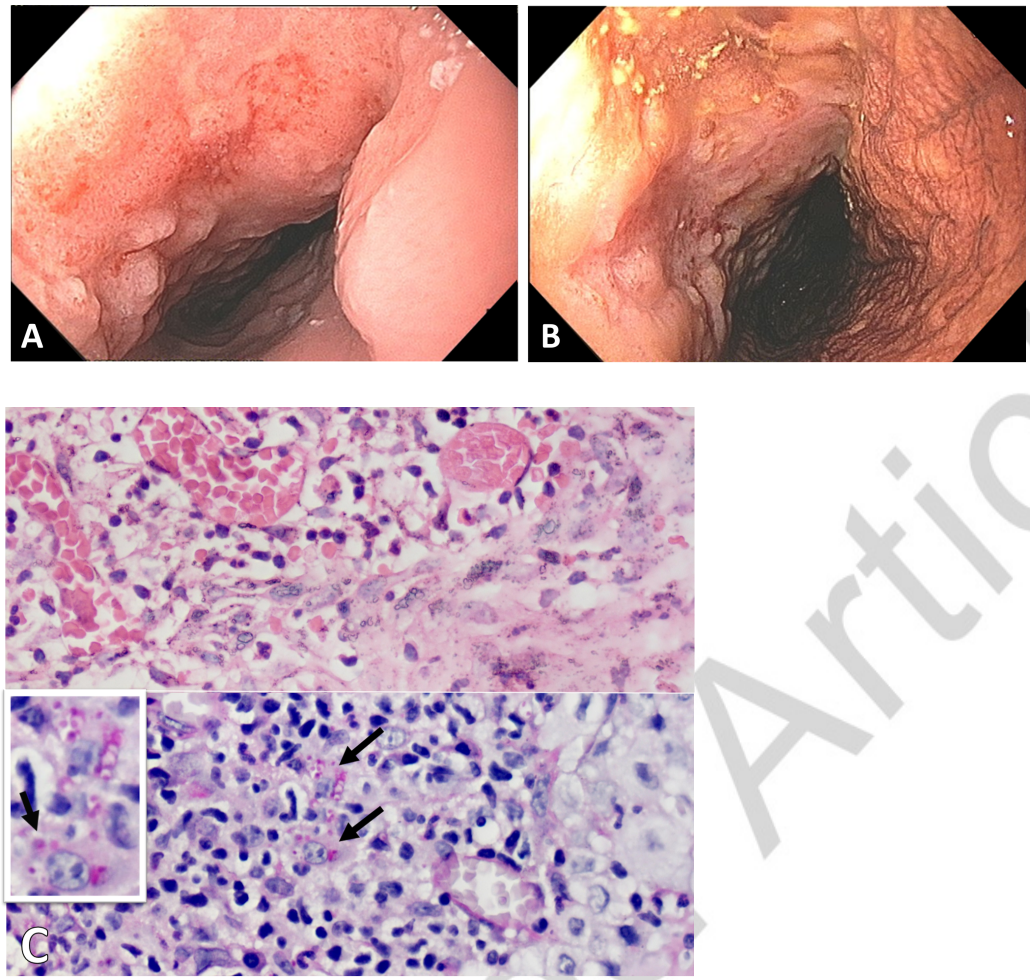

Fig. 1. A. Upper digestive endoscopy (UDE) showing a lesion of 3 cm presenting atypical rectified vessels in the middle third of the esophagus, covering 50 % of the esophageal lumen, suggestive of type 0-IIc+IIa1. B. Upper digestive endoscopy (UDE), in the middle third of the esophagus, after chromoendoscopy with Lugol iodine at 1.25 %, showed a positive pink sign. C. Upper panel (H&E staining, x400): esophagitis with mixed inflammatory infiltrate and numerous macrophages. Lower panel (periodic acid-Schiff staining, x400): small yeasts compatible with *Histoplasma capsulatum,* measuring 0.5 to 2.5 µm, within the cytoplasm of macrophages (arrows), with a clear halo (inset, arrows).