

Clinical Image

When Opportunistic Infections Disseminate: Histoplasmosis in HIV

Shahreen Fatema Kumu¹, Swatee Mondol², Shahabul Huda Chowdhury³

DOI: <https://doi.org/10.3329/jom.v27i1.88280>

Copyright: © 2026 Kumu SF. This is an open access article published under the Creative Commons Attribution-Non Commercial-No Derivatives 4.0 International License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited, is not changed in any way and it is not used for commercial purposes.

Received: 13 December, 2025

Accepted: 29 December, 2025



Fig.-1



Fig.-2

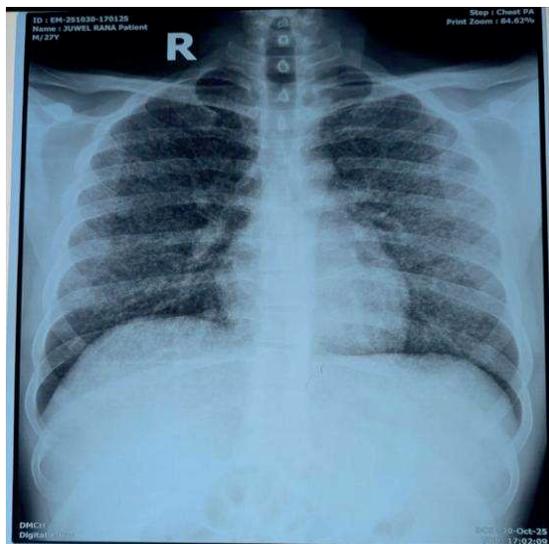


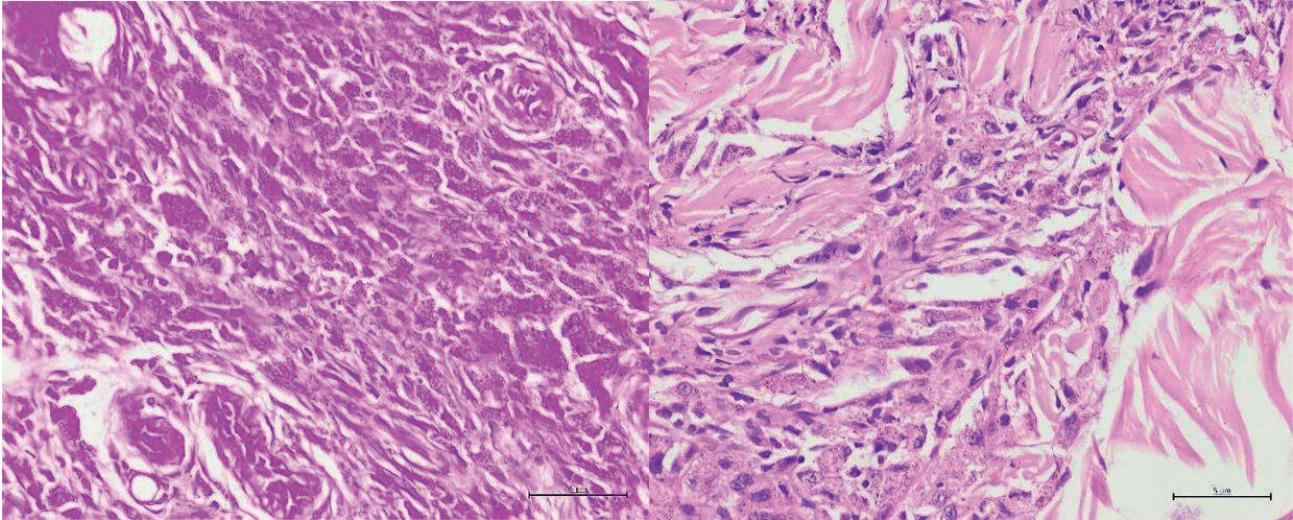
Fig.-3



Fig.-4

1. Indoor Medical Officer, Dhaka Medical College, Dhaka, Bangladesh.
2. Trainee Medical Officer, Dhaka Medical College, Dhaka, Bangladesh.
3. Professor of Medicine and Vice Principal, Mughda Medical College, Dhaka, Bangladesh.

Corresponding author: Dr. Shahreen Fatema Kumu, Indoor Medical Officer, Dhaka Medical College, Dhaka, Bangladesh.

**Fig.-5****Fig.-6**

A 27-year-old man was presented to department of medicine with a 2 months history of high-grade fever, productive cough & significant weight loss (20kg). On physical examination, he was found severely anaemic & icteric & there were multiple firm, reddish brown papule & pustular lesions on face and trunk, predominantly involving the back of the chest (Fig. 1, 2). Laboratory findings showed pancytopenia with reactive HIV-1 p24 antigen & antibody along with profoundly reduced CD4 cell count of $16/\text{mm}^3$. Diffuse miliary mottling involving both lung fields were found in Chest X-ray and CT Chest (Fig. 3, 4). Skin biopsy revealed numerous intracellular yeasts within dermal histiocytes. On Grocott's methenamine silver (GMS) and periodic acid-Schiff (PAS) staining, small round to ovoid budding yeasts were identified consistent with *Histoplasma capsulatum*. Bone marrow trephine biopsy further confirmed the

diagnosis by demonstrating intracellular PAS positive budding yeasts (Fig. 5, 6). So, our patient was diagnosed with disseminated histoplasmosis in the setting of advanced HIV infection and was treated with Highly Active Anti-retroviral Therapy along with liposomal amphotericin B.

References

1. Joseph, W. L. (16 July 2006). Histoplasmosis: a review for clinicians from non-endemic areas. *Mycoses* 49 (4), 49(4).
2. Kauffman. (2007). CA: Histoplasmosis: a clinical and laboratory update. *Clin Microbiol Rev.*, 20:115-32. DOI: 10.1128/CMR.00027-06.
3. Rahim, M., Zaman, S., Amin, M., Uddin, K., & Chowdhury. (16 Feb 2020). MAJ. Histoplasmosis: An emerging or neglected disease in Bangladesh? A systematic review. *Oman Med J.*, 35(1):e91.