

中文題目：一個薛格連氏症候群病人的全身性組織孢漿菌感染

英文題目：Disseminated Histoplasmosis in a Patient with Sjögren's Syndrome

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## ABSTRACT

### Case reports

A 66-year-old woman with Sjögren's syndrome came to the hospital due to fever, poor appetite and general weakness aggravated for one week. She suffered from the above symptoms for nearly two months with the initial presentation of symptoms of upper respiratory tract infection after she came back from a travel to Central and South America. Nausea, vomiting and abdominal cramping pain have been noted in the past one week. She also noted to have body weight loss of 3-4 Kg in recent one month. She denied having dizziness, dyspnea, chest tightness, diarrhea or passage of tarry or bloody stool. Blood tests at admission revealed anemia and severe thrombocytopenia (platelet: 12000/ $\mu$ L) with elevated creatinine level (Cr: 1.98 mg/dL). Flare-up of autoimmune diseases was less likely from the opinions of rheumatologists. Bone marrow study was then performed for persistent anemia and thrombocytopenia, which revealed granulomatous inflammation composed of clustered epithelioid histiocytes with multinucleated giant cells with spore-like microorganisms with budding and engulfed by macrophages under GMS stain (Figure 1). Culture of bone marrow further confirmed the growth of *Histoplasma capsulatum* (Figure 2). Amphotericin B based anti-fungal treatment was initiated for 2 weeks as induction therapy, followed by 1 year of oral itraconazole. Her hemogram returned to her normal value after treatment.

### Discussion

Histoplasmosis is endemic in certain area of North, Central, and South America, Africa, and Asia. Humans got such infection by breathing in spores of *Histoplasma Capsulatum* often found in bird and bat droppings. Most people are asymptomatic but for immunocompromised hosts, the infection could be serious or even fatal. Successful treatment depends on identifying the right pathogen and applying in-time therapy on vulnerable patients. In our case, we found the pathogen through bone marrow study, which is usually useful when looking for an etiology for infectious diseases. Besides, obtaining travel history from the patient is also very crucial when approaching a patient with possible endemic diseases.

Figure 1. Granulomatous inflammation composed of clustered epithelioid histiocytes with multinucleated giant cells with spore-like microorganisms with budding and engulfed by macrophages under GMS stain

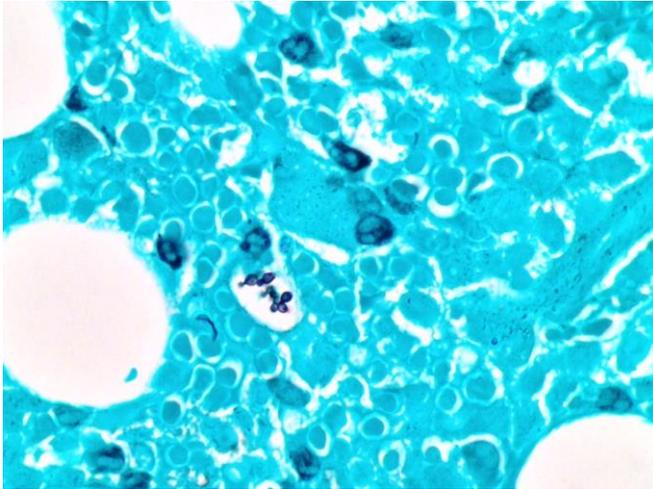


Figure 2. Microscopic morphology of current case shows the presence of characteristic large, rounded, single-celled, tuberculate macroconidia formed on short, hyaline, undifferentiated conidiophores under lactophenol cotton blue stain. (1000X)

