

Fungki Ulcers.

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Abstract

A 61-year-old female with a history of bilateral lung transplantation for idiopathic pulmonary fibrosis presented with shortness of breath, cough and diarrhea. She was on chronic immunosuppressive medications, including Tacrolimus and mycophenolate, and on apixaban for deep vein thrombosis.

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A 61-year-old female with a history of bilateral lung transplantation for idiopathic pulmonary fibrosis presented with shortness of breath, cough and diarrhea. She was on chronic immunosuppressive medications, including Tacrolimus and mycophenolate, and on apixaban for deep vein thrombosis.

On admission, she was found have iron deficiency anemia. Her previous work-up for mild iron deficiency anemia five years earlier included an EGD and colonoscopy which were both negative. Upper endoscopy at this time showed a gastric antral polyp. Colonoscopy revealed multiple ulcers in the ileocecal valve, cecum, hepatic flexure, transverse colon, and descending colon (**Figure 1**) and (**Figure 2**). Colon biopsies obtained at multiple sites showed numerous budding yeast with morphologic features of *Histoplasma capsulatum* (**Figures 3 and 4**). The patient subsequently underwent bronchoscopy with cultures which confirmed disseminated Histoplasmosis. She was treated with IV amphotericin B with significant improvement in her symptoms and will be continued on lifelong itraconazole.

This case highlights a unique presentation of a lung transplant patient who was found to have disseminated Histoplasmosis initially diagnosed with endoscopy. Although rates of disseminated Histoplasmosis are increased in immunocompromised patients compared to their immunocompetent counterparts, this remains low in solid organ transplant patients with an estimated incidence of 1 case per 1000 person-years [1]. A multi-center series of solid organ transplant patients with disseminated Histoplasmosis found that only 5% of the patients were lung transplant recipients. This series also found that only 19% of solid organ transplant patients diagnosed with disseminated histoplasmosis had GI involvement [2]. The vast majority of patients with disseminated Histoplasmosis present with predominantly pulmonary complaints, with only 3-12% presenting with primarily GI complaints [3]. This case illustrates that while disseminated Histoplasmosis in a lung transplant patient is uncommon, and presentation with GI symptoms even more uncommon, it may occur. Endoscopy may provide the diagnosis in this setting, enabling appropriate clinical treatment.



Figure 1: Ulcer in transverse colon.



Figure 2: Ulcer in descending ulcer

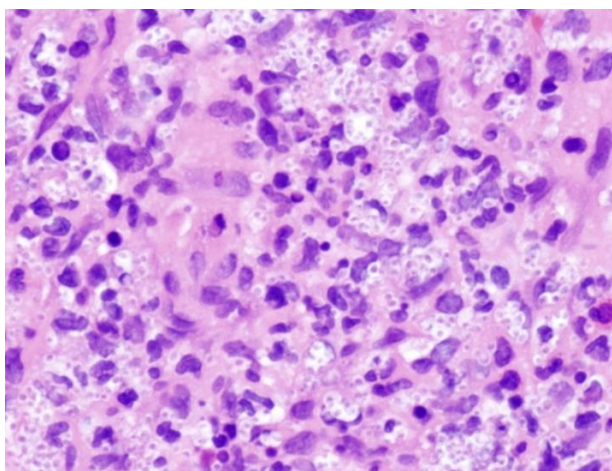


Figure 3. Biopsy of colon ulcer showing small yeast in granulation tissue, so numerous they can be seen on H and E stained section.

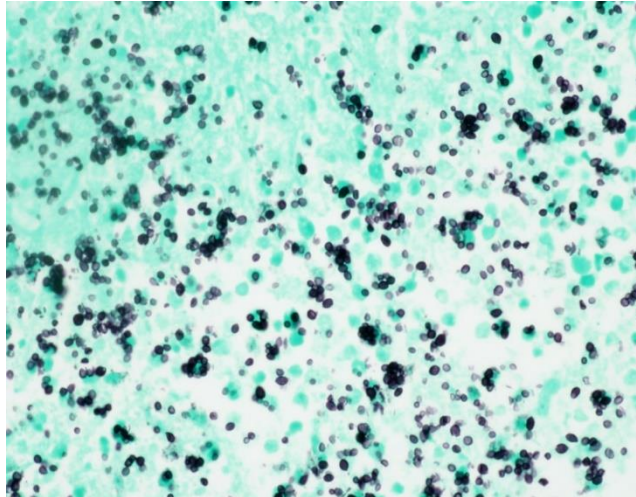


Figure 4. Biopsy of colon ulcer GMS stain demonstrating numerous small oval budding yeast with characteristic features of *Histoplasma capsulatum*

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