Histoplasmosis - Abdominal
Joseph Junewick, MD FACR
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History
12 year old male with cough and fever.

Diagnosis
Histoplasmosis-Abdominal

Discussion
Granulomatous infection of the liver and spleen is associated with a wide variety of conditions including sarcoidosis, tuberculosis, and various fungal infections (candida, histoplasmosis, etc). Granulomas usually appear as discrete, sharply defined nodular infiltrates consisting of aggregates of epithelioid cells or macrophages surrounded by a rim of mononuclear cells, predominantly lymphocytes. Histoplasmosis is the most common cause of fungal infection in the Ohio River Valley of the United States. Fortunately, nearly all patients exposed to histoplasmosis develop only subclinical infections. With more severe and disseminated infections, abdominal involvement is common abdominal involvement may occur. The most common hepatic findings include portal lymphohistiocytotic inflammation and discrete, well-formed granulomas, the latter being seen in approximately 20% of involved livers. In the acute setting, hepatic imaging findings include hepatomegaly and hypoattenuating lymph nodes. In patients with healed histoplasmosis, the presence of small, punctate calcifications scattered throughout the liver and spleen is a typical but nonspecific finding.

Findings
CT-Contrast enhanced images show numerous small round lesions in the spleen which are peripherally hypodense and centrally hyperdense. Non-contrast examination 1 year later show that these lesions have calcified.

Reference
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