



59-year-old female with fever,
dyspnea, and generalized
weakness

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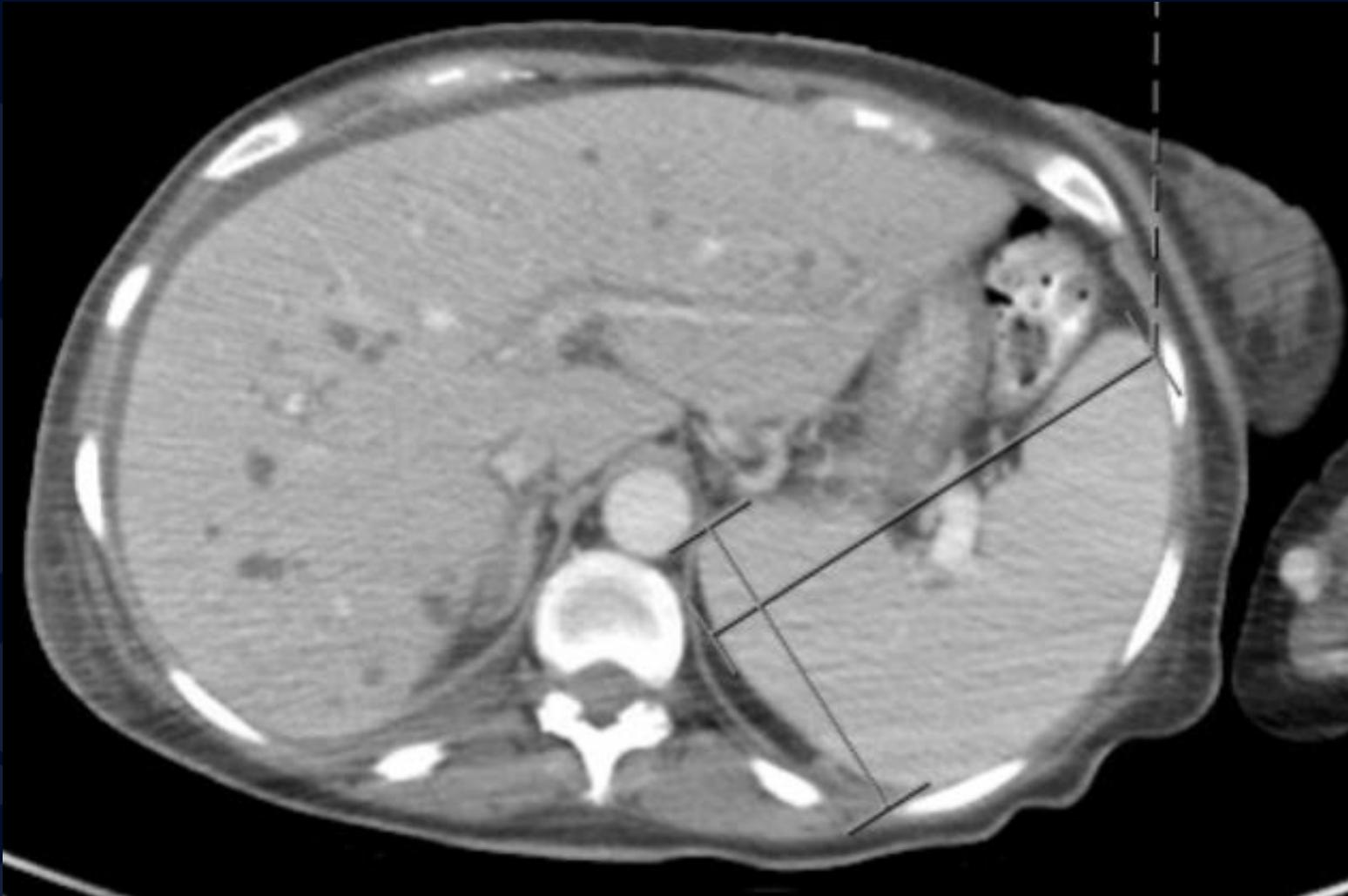
Radiograph on Admission



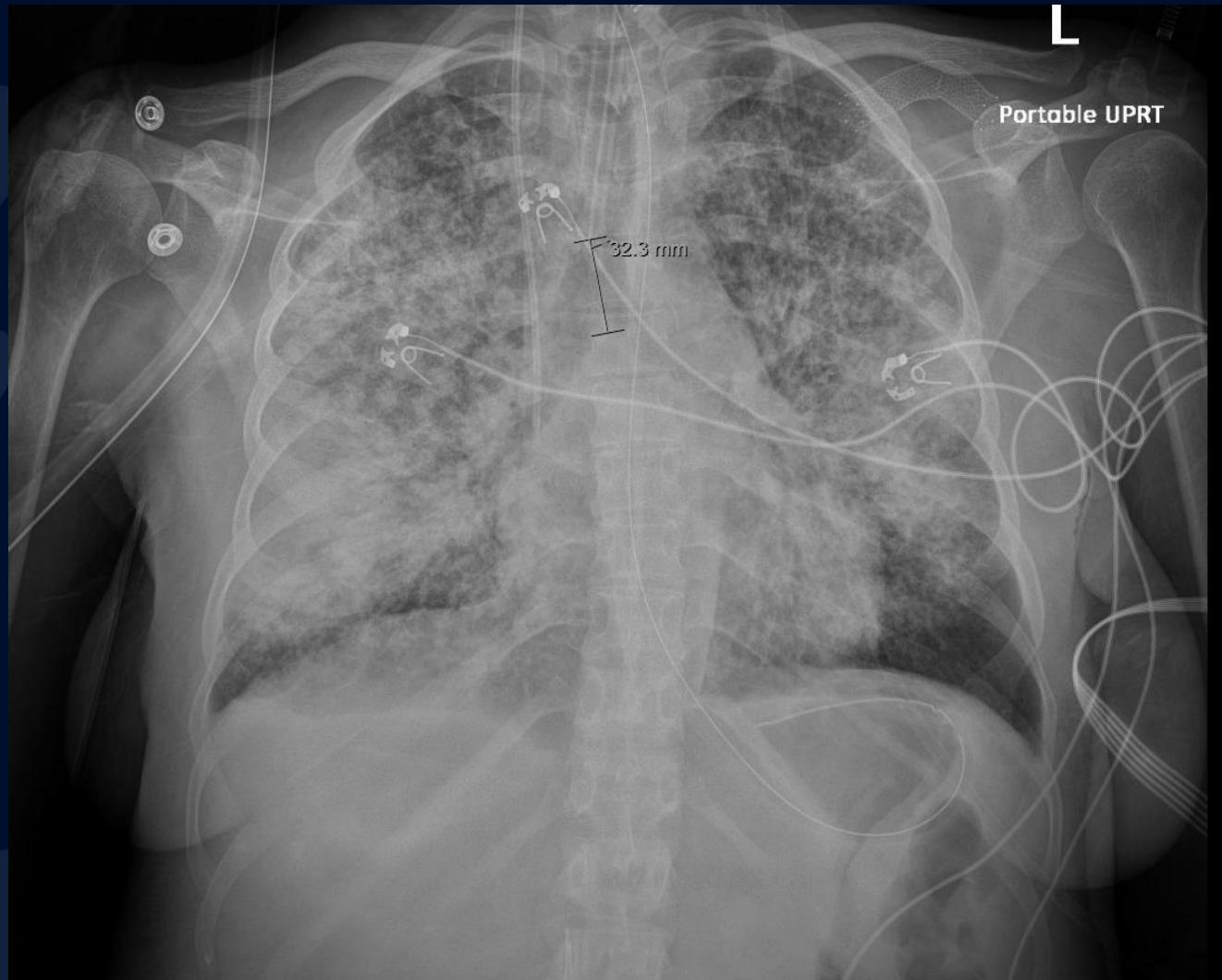
CT IV Contrast on Admission



CT IV Contrast on Admission



Radiograph Hospital Day #8

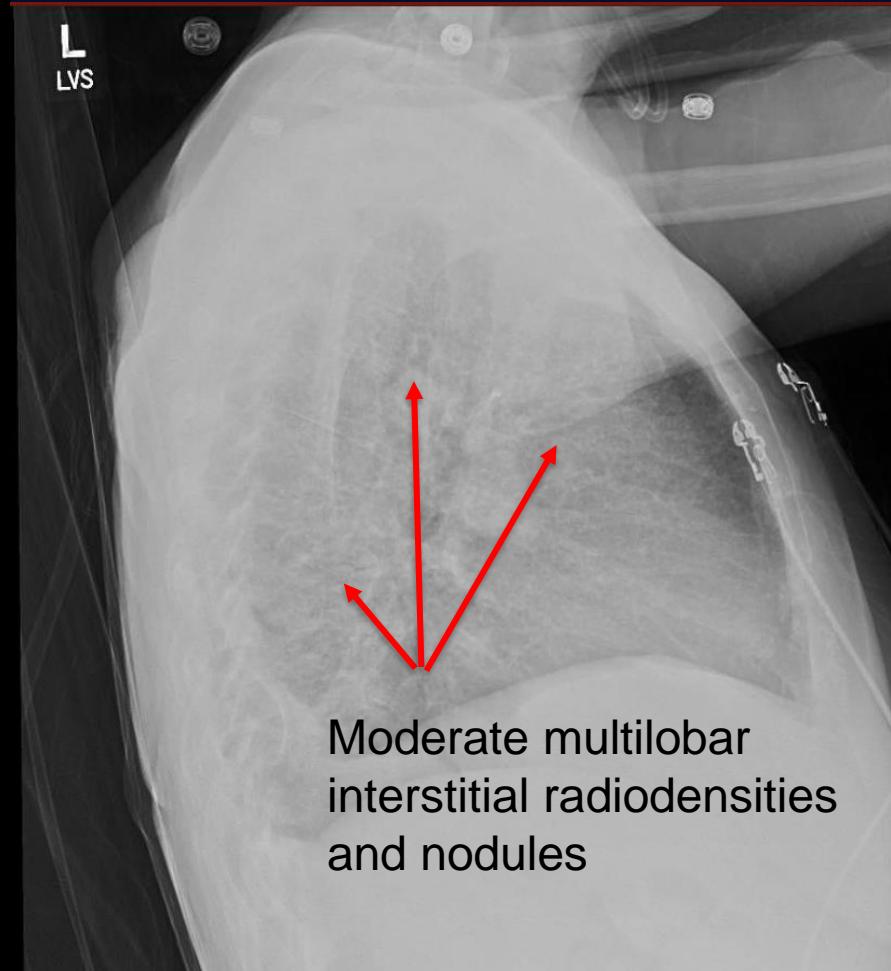
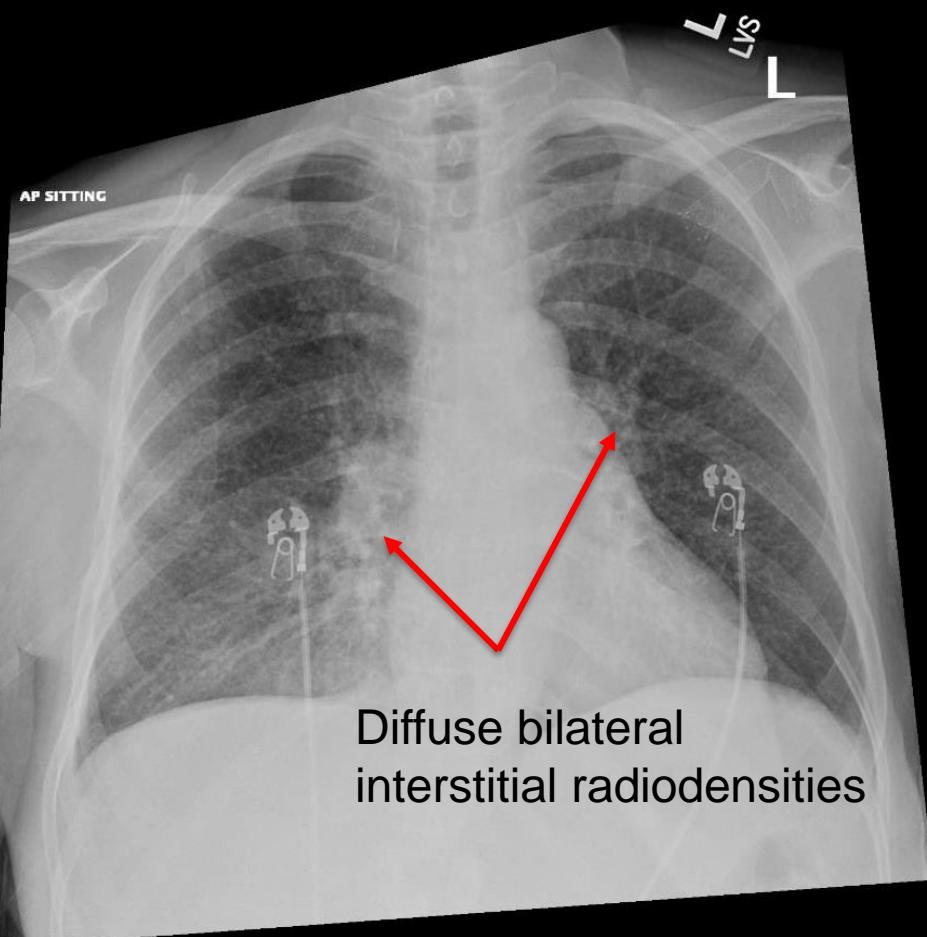




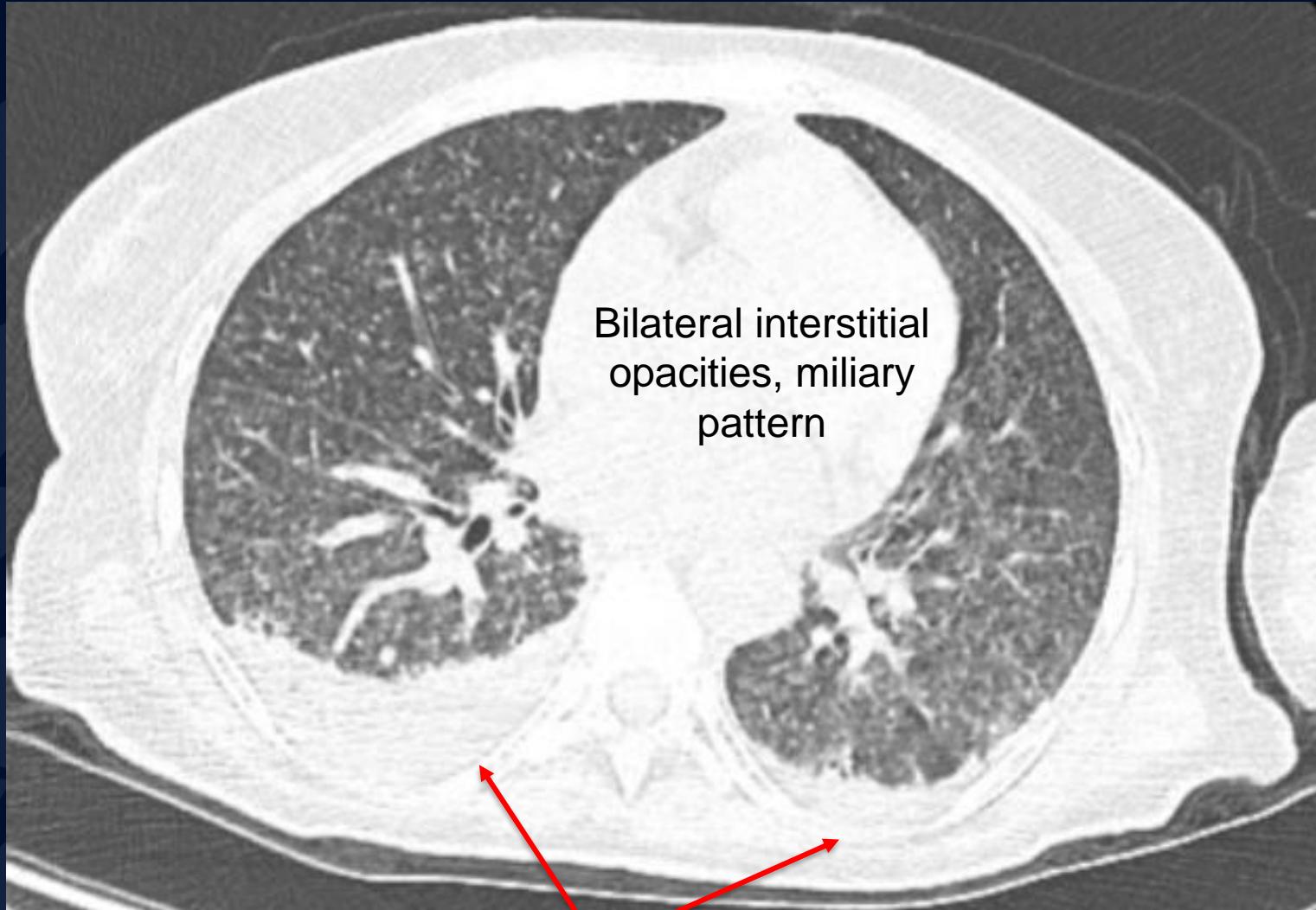
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Histoplasmosis-Associated Hemophagocytic Lymphohistiocytosis

Radiograph on Admission

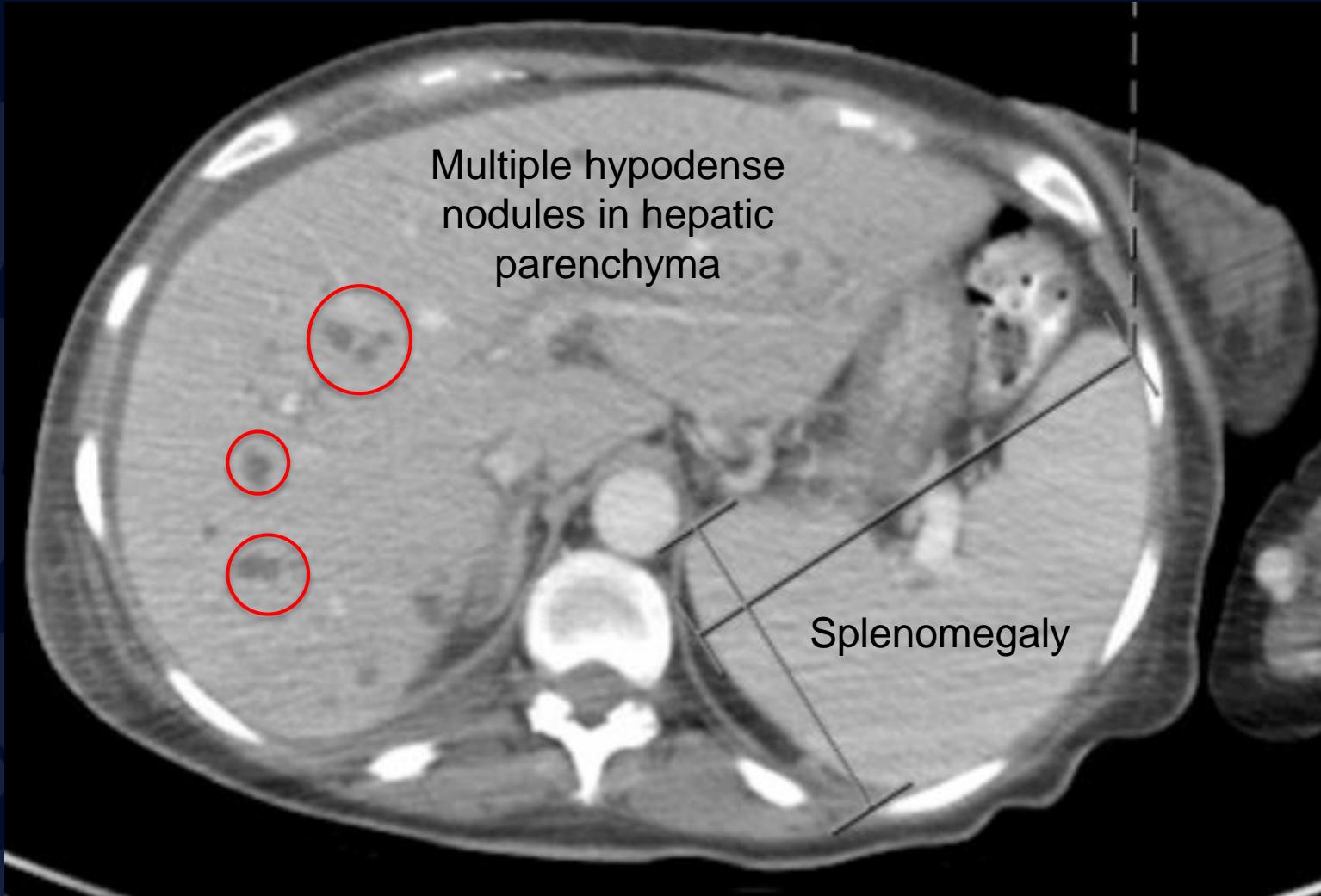


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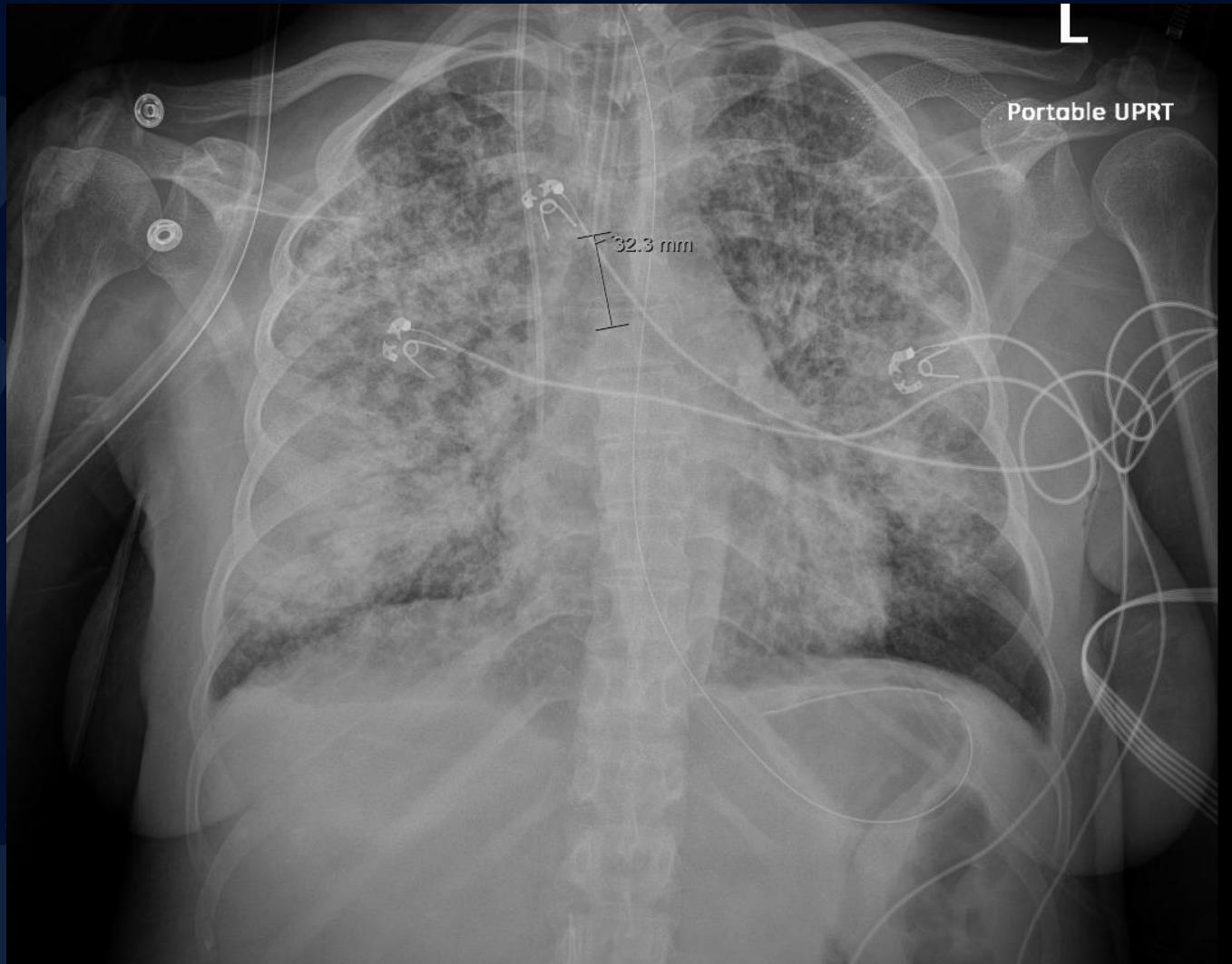


Bilateral pleural effusions

CT IV Contrast on Admission



Radiograph Hospital Day #8



Significantly increased bilateral
interstitial & alveolar infiltrates

Histoplasmosis-Associated Hemophagocytic Lymphohistiocytosis

- Histoplasma-associated hemophagocytic lymphohistiocytosis is a rare but severe complication of histoplasmosis.
 - Characterized by an overactivation of the immune system, leading to organ damage, cytopenias, and hyperferritinemia.
- Radiological findings such as bilateral alveolar-interstitial opacities with pleural effusions, hepatosplenomegaly, and brain abnormalities can help to raise clinical suspicion of the diagnosis.
- Treatment involves aggressive antifungal therapy and management of the underlying HLH.
- Overall, histoplasma-associated HLH is a rare but important diagnosis to consider in immunosuppressed patients who present with systemic symptoms and organ dysfunction.

Imaging Findings

Most radiographic features of HLH are non-specific:

- Chest radiographs show findings suggesting pulmonary edema or infection in up to 50% of patients
- Chest CT
 - Centrilobular nodules
 - Consolidation
 - Ground-glass opacities
 - Mediastinal lymphadenopathy.
- Abdominal radiographs
 - Hepatosplenomegaly
 - Gallbladder wall thickening
 - Ascites
- Brain imaging
 - Non-specific periventricular white-matter abnormalities
 - Brain-volume loss
 - Enlargement of extra-axial fluid spaces
 - Orbital myopathy

For thoracic histoplasmosis, chest radiograph may be normal though could demonstrate:

- Histoplasomas- well-defined nodules with central calcification; Pathognomonic "target lesion"
- Acute histoplasmosis
 - Airspace shadowing with consolidation in multiple lung segments or lobes, similar to bacterial pneumonia



References

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 - <https://ars.els-cdn.com/content/image/1-s2.0-S2772736X2200010X-gr1.jpg>
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