



# An Emerging Endemic Focus: CAS-107 Histoplasmosis in the Philippines

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## BACKGROUND

Histoplasmosis is present in the Philippines but is underreported due to challenges in its diagnosis. Untreated disseminated histoplasmosis is fatal; therefore, heightened clinical suspicion specially among immunocompromised patients with skin lesions and consistent systemic symptoms is crucial. This case series underscores the importance of being familiar with the peculiarities of this infection to provide life-saving treatment

## CASE PROPER

We detail three cases of histoplasmosis in male patients with HIV/AIDS from a single tertiary hospital. These cases illustrate a broad spectrum of clinical presentations, ranging from disseminated infection with multi-organ involvement to chronic, non-healing cutaneous lesions. Two cases (1 and 2) presented with disseminated histoplasmosis and severe, life-threatening inflammatory conditions. Case 1 developed septic shock and multiorgan failure requiring ICU admission, while Case 2 progressed to secondary hemophagocytic lymphohistiocytosis (HLH), necessitating pulse steroids. Both were successfully treated with liposomal amphotericin B, followed by itraconazole maintenance therapy. Case 3, presented with a chronic, non-healing wound over the malleolus of the right foot, which responded to local wound care following debridement. Histoplasma was detected via skin biopsy in all three cases and in peripheral smear and bone marrow of Case 2. In Case 3, *Histoplasma capsulatum* was confirmed through molecular identification of the paraffin-embedded tissues.

TABLE 1. SUMMARY OF THE PERTINENT CHARACTERISTICS OF EACH CASE

PATIENT DETAILS UPON DIAGNOSIS OF HISTOPLASMOSIS	CASE 1	CASE 2	CASE 3
Gender	Male	Male	Male
Age	45	34	34
HIV Status	Positive	Positive	Positive
CD4 count (cells/mm <sup>3</sup> )	8	73	48
On ART	No	Yes	No
Disseminated Histoplasma	Yes	Yes	No
ICU admission	Yes	No	No
Intubation	Yes	No	No
Renal Replacement Therapy	Yes	No	No
Organ involvement	Skin, lung, bone marrow, CNS, lymph nodes	Skin, bone marrow	Skin
Site positive for Histoplasma capsulatum	Skin	Skin, blood, bone marrow	Wound tissue
Diagnostic tests performed	Histopathologic, Immunohistochemical and molecular evidence of Histoplasma capsulatum	Histopathologic evidence of Histoplasma spp.	Histopathologic evidence of Histoplasma spp.
Antifungal treatment during admission	14 days of Amphotericin B followed by itraconazole 100mg/cap 2 caps BID	14 days of Amphotericin B followed by itraconazole 100 mg tablet 2 tablets BID	Not admitted. No antifungal treatment
Outcome	Discharged	Discharged	Discharged

## CONCLUSION

These cases strongly suggest that *Histoplasma capsulatum* is present in the Philippines. The protean manifestations often mimic other common opportunistic infections, complicating diagnosis and delaying appropriate treatment. A more aggressive diagnostic approach is critical to ensure timely intervention and improve patient outcomes in regions where the disease is likely underreported.