

A Man with Pulmonary and Bilateral Adrenal Lesions

A 65-year-old male, smoker presented with complaints of dry cough, chest pain, and low-grade fever for the last 3 months in the pulmonary department. Multifocal dense consolidations involving bilateral lung fields were discovered on simple chest X-rays [Figure 1]. His vital signs on admission were normal and laboratory results were white blood cells 5400/mm³, hemoglobin 15.2 g/dL, hematocrit 39.2%, platelet 188 k/mm³, and erythrocyte sedimentation rate 5 mm/h. A serology test and culture for mycoplasma and tuberculosis were all negative. Chest and abdomen computed tomography showed multifocal dense consolidations involving bilateral lungs with perihilar predominance and hypodense bilateral adrenal masses [Figure 2]. Bronchoscopic findings were nonspecific.

What Is the Diagnosis?

- A. Carcinoma lung with Mets
- B. Infective causes.



Figure 1: Chest X-ray posteroanterior view

Answer

- Histoplasmosis.

Fine needle aspiration cytology from both lung and adrenal glands showed uniform round-to-oval budding yeast surrounded by clear ring of space are seen intracellularly (in macrophages) as well as extracellularly. Background also shows chronic inflammatory cells. On periodic acid schiff (PAS) staining [Figure 3] and hematoxylin and eosin (H and E) staining [Figure 4], numerous capsulated yeasts such as fungal organism with budding were evident morphologically *Histoplasma* species.

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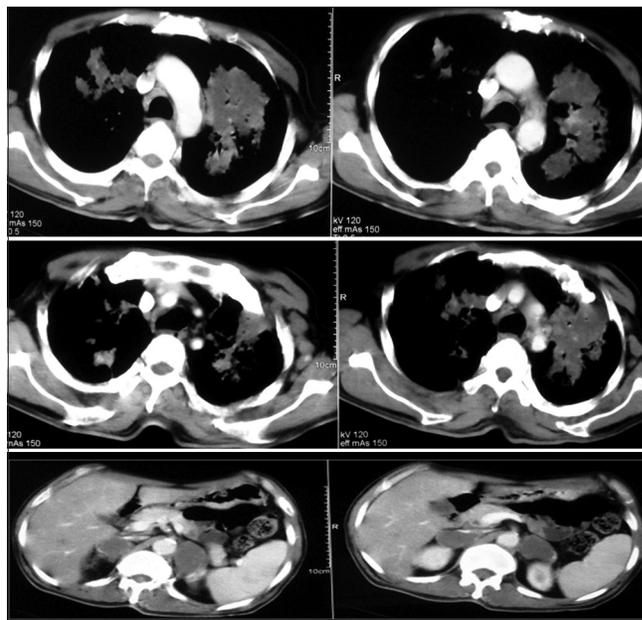


Figure 2: Chest and abdomen computed tomography

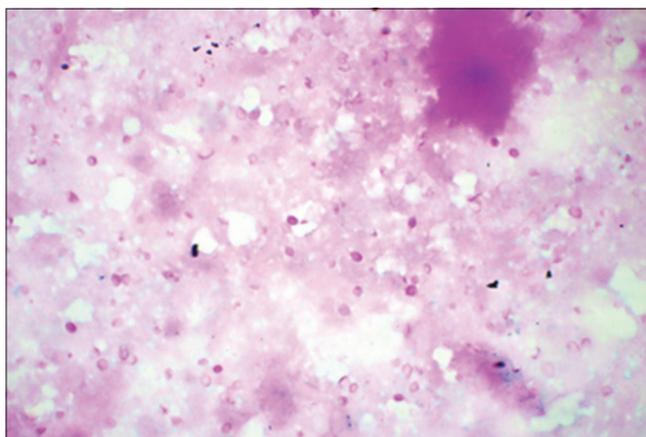


Figure 3: H and E, x20

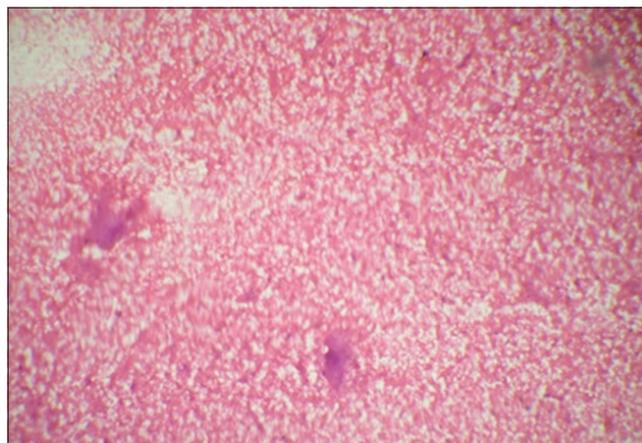


Figure 4: PAS, x40

Conflicts of interest

There are no conflicts of interest.

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