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Primary Addisons disease/adrenal histoplasmosis immunocompetent person: Case report

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Abstract
Histoplasmosis is a fungal infection caused by Histoplasmosis Capsulatum, which commonly presents as transient pulmonary infection. Disseminated histoplasmosis may affect almost all systems, lungs, gastrointestinal tract, renal system, nervous system, Bonteral mass, be marrow and adrenal glands. Adrenal glands is frequently involved in disseminated histoplasmosis, but commonly present as unilateral, bilateral involvement is rare it is also rare in Immunocompetent, adrenal histoplasmosis can occur in immunocompetent individuals and should be considered in differential diagnosis of bilateral adrenal masses in immunocompetent individuals.

Keywords: Addisons disease, adrenal histoplasmosis, immunocompetent person

Introduction
Histoplasmosis Capsulatum is a dimorphic fungus with a worldwide distribution, it is most prevalent in the moist and especially common in soils enriched with bird droppings or bat, birds roots, caves, Histoplasmosis infects human by variety of mechanisms { fomites, direct inoculation, solid organ transplants, sexual contact } but most commonly, micro conidia or spores are inhaled into the alveoli the spores germinate and convert to yeast forms, inciting an immune response, the yeasts are taken up by alveoli macrophages, very common case of disseminated histoplasmosis have reported in immunocompetent patients, it involvement of the adrenal glands either unilaterally or bilaterally adrenal involvement may serve as the only demonstrable site of active fungal disease in the patients adrenal histoplasmosis is possibility od advancing to the point of causing adrenal insuffiency

Case Report
The patient is a 57 years old gentleman with no any relevant past medical history who initially presented with complaints of gradual hyperpigmentation of the skin, palm, feet's trunk, face and occasional palpitation on exertion, low grade fevers in the evenings, fatigue, unintentional weight loss gradual in onset in the last one month, loss of appetite, abdominal pain, abdominal distention, pruritus suspecting Tuberculosis, an abdominal CT is performed and it showed Enlarged bilateral adrenal glands noted sonologically measuring 25.0/ 10.6mm [right] and [left]
Granulomatous conditions like TB/ fungal infections are possible Borderlines periportal [9mm] and Para aortic [8mm] nodes

Discussion
Histoplasmosis remain asymptomatic in most of the cases, it may be divided in to the following types: primary pulmonary histoplasmosis, progressive disseminated histoplasmosis, primary cutaneous. Yeast forms of Histoplasmosis Cansulatum, Bilateral Adrenal Histoplasmosis histoplasmosis and African histoplasmosis, progressive disseminated disease is rare and usually seen in endemic areas, Patients with abnormal host defense mechanisms are prone to develop progressive infections, dissemination occurs in 70% of asymptomatic cases to lymph nodes, liver, spleen, kidney, lungs, and less often to adrenal gland, brain, eye and skin

Diagnosis of histoplasmosis is difficult as the patients present with nonspecific symptoms such as fever, weight loss, malaise and anorexia, the important differential diagnosis are tuberculosis and malignancy, in this case initially our patient received anti tubercular chemotherapy

Adrenal histoplasmosis in immunocompetent host is reported in several studies the patient had no features of immunocompromisation, Adrenal insufficiency due to adrenal histoplasmosis is not very common in this case the patient did not have any features of adrenal insufficiency, adrenal histoplasmosis should be considered in any patient presenting with unilateral or bilateral adrenal mass with constitutional symptoms especially in endemic areas early diagnosis and treatment can save the patient from serious complication

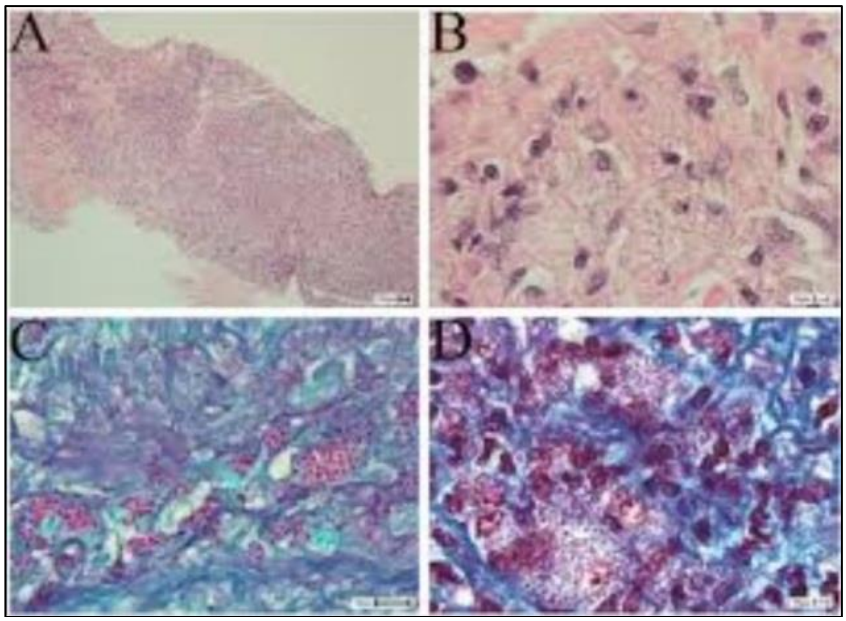

Fig 1: Bilateral Adrenal Histoplasmosis in an Immunocompetent

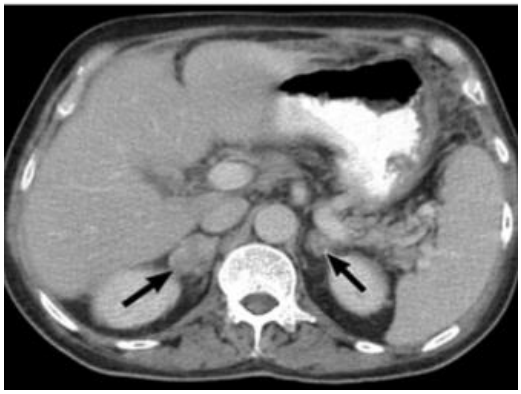

Fig 2: Contrast enhanced CT revealed bilateral hypo attenuated adrenal glands with peripheral rim enhancement

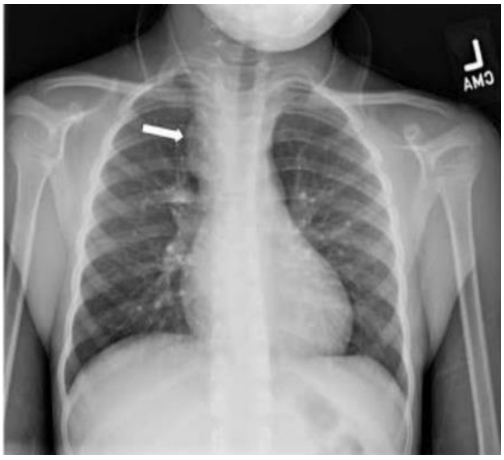

Fig 3: Histoplasmosis presenting as a mediastinal mass

Conclusion

Adrenal histoplasmosis is not much common in India, and it may affect immunocompetent individuals also a high degree of clinical suspicion and complete clinic microbiological work up of the patients is required for the definitive diagnosis and management of the patients with histoplasmosis, Diabetes may be a risk factors for disseminated Histoplasmosis, amphotericin B and Iitraconazole are the drug of choice for the treatment, if treated timely, it has good prognosis in immunocompetent patients

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