

# “Pretty Sure I Have Something Very Not Normal Here.”

A case study based on a BAL slide

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# Patient Presentation

- 65 year old male from rural WI
- History of insulin-dependent DMII and severe Rheumatoid Arthritis
- Long-term use of methotrexate and adalimumab (Humira)
- 10 days of progressive dyspnea and chest pain
- New hypoxia requiring increased CPAP use
- Productive cough that is worse with exertion
- “Velcro-like” crackles at bilateral lung bases

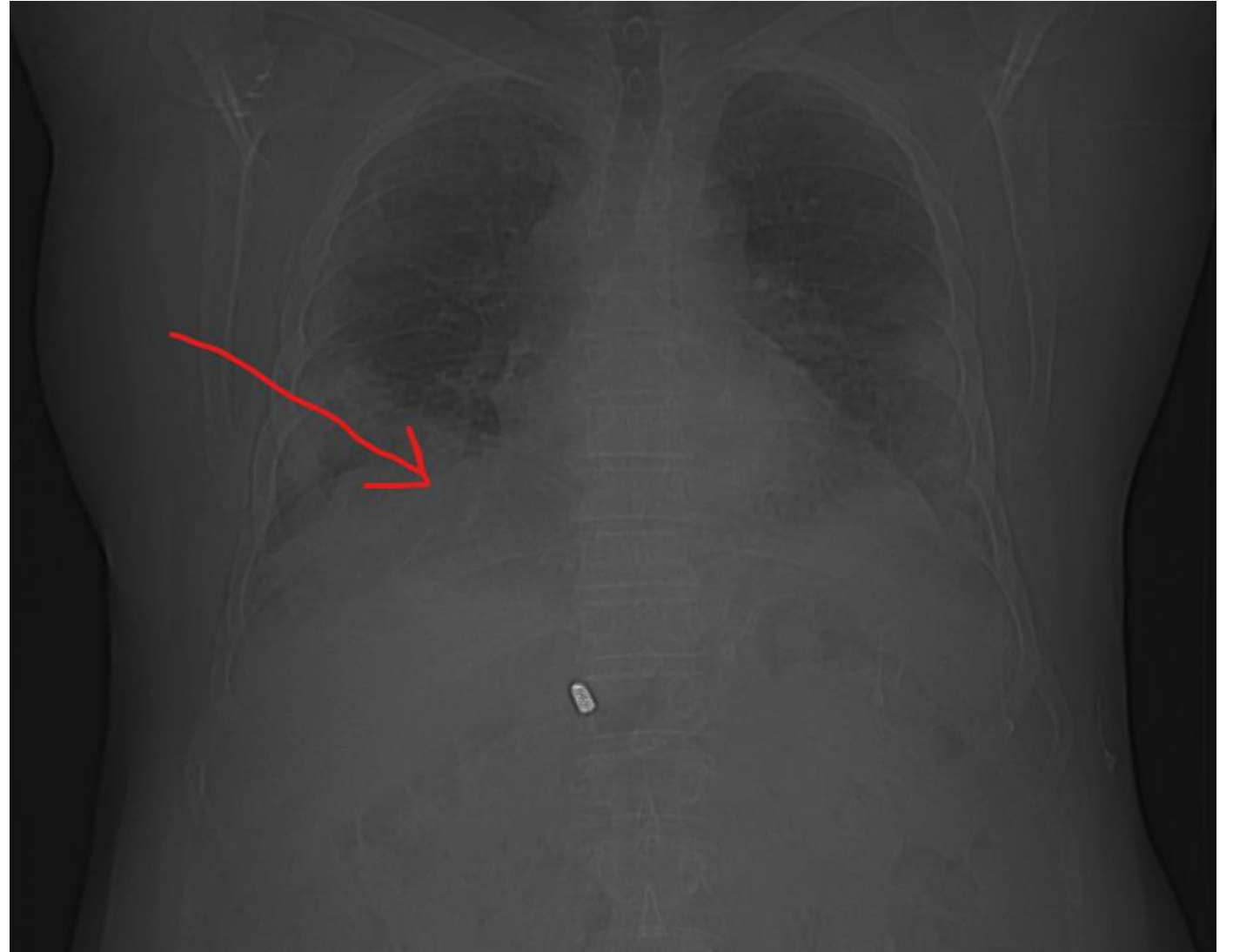
# Relevant Laboratory Results

- Procalcitonin = Negative
- Flu A/B, RSV, COVID = Not Detected
- D Dimer = 1131 ng/mL (ref: 0-499 ng/mL)
- Sed Rate = 50 mm/Hr (ref: 0-15 mm/Hr)
- CRP = 10.52 mg/dL (ref: <1.0 mg/dL)

# Pulmonary CT

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Ground glass opacities, suggestive of organized pneumonia



Patient taken to OR the following day. A lung biopsy was collected.

The sample was insufficient for plating, so only a CM broth was set up for this specimen:

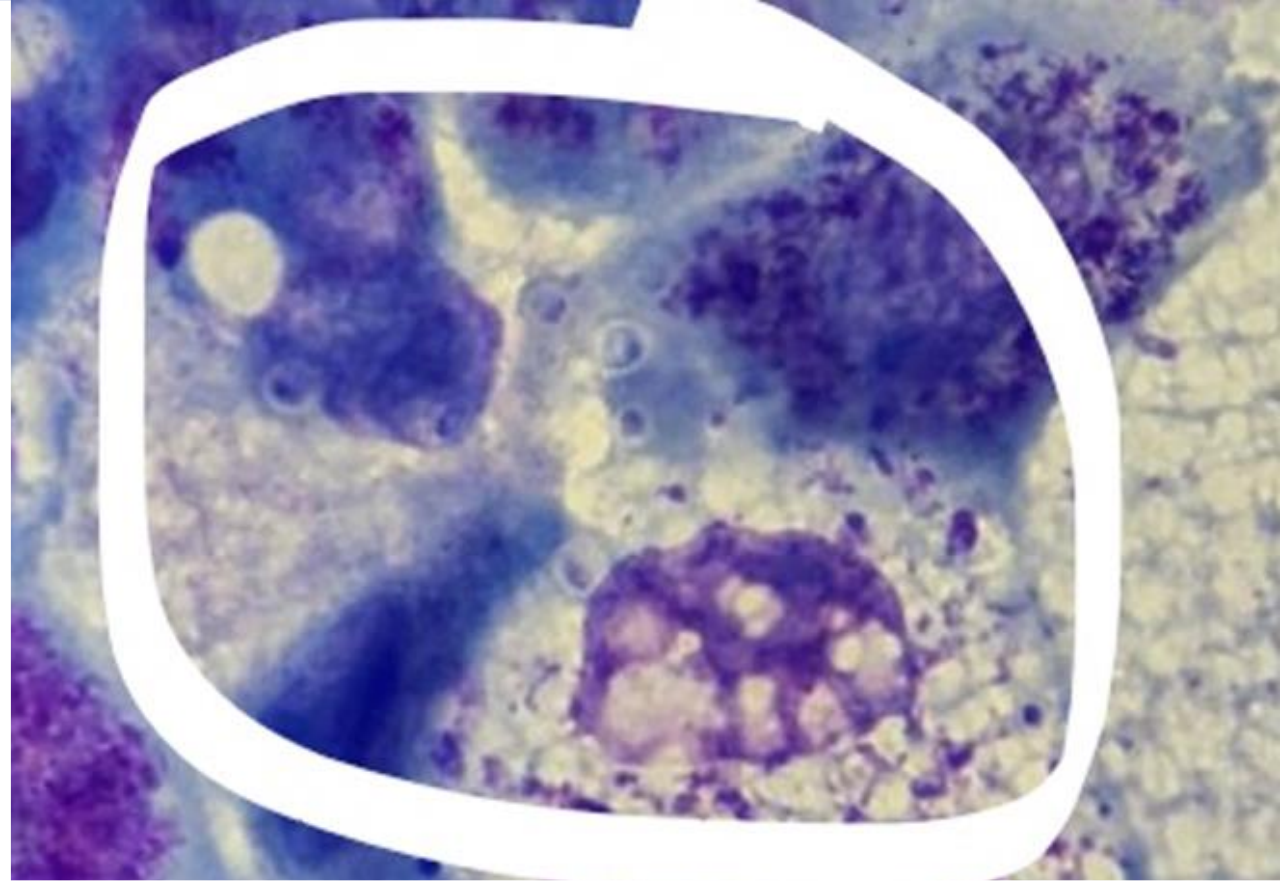
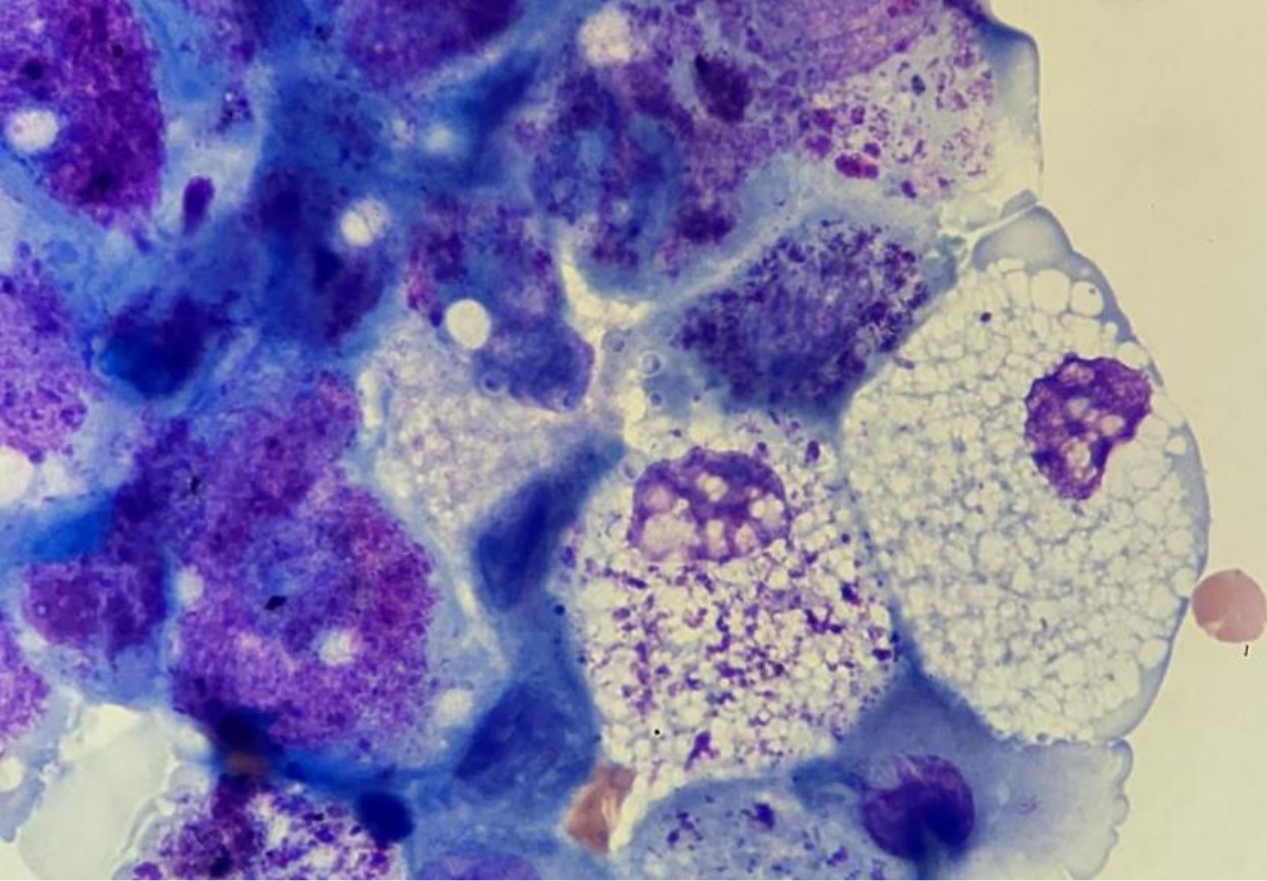
CULTURE RESULTS: 1. VIRIDANS STREPTOCOCCI - Quantity: BROTH MEDIA CONTAINS

2. DIPHTHEROIDS - Quantity: BROTH MEDIA CONTAINS

Comment: UNABLE TO FURTHER ID.

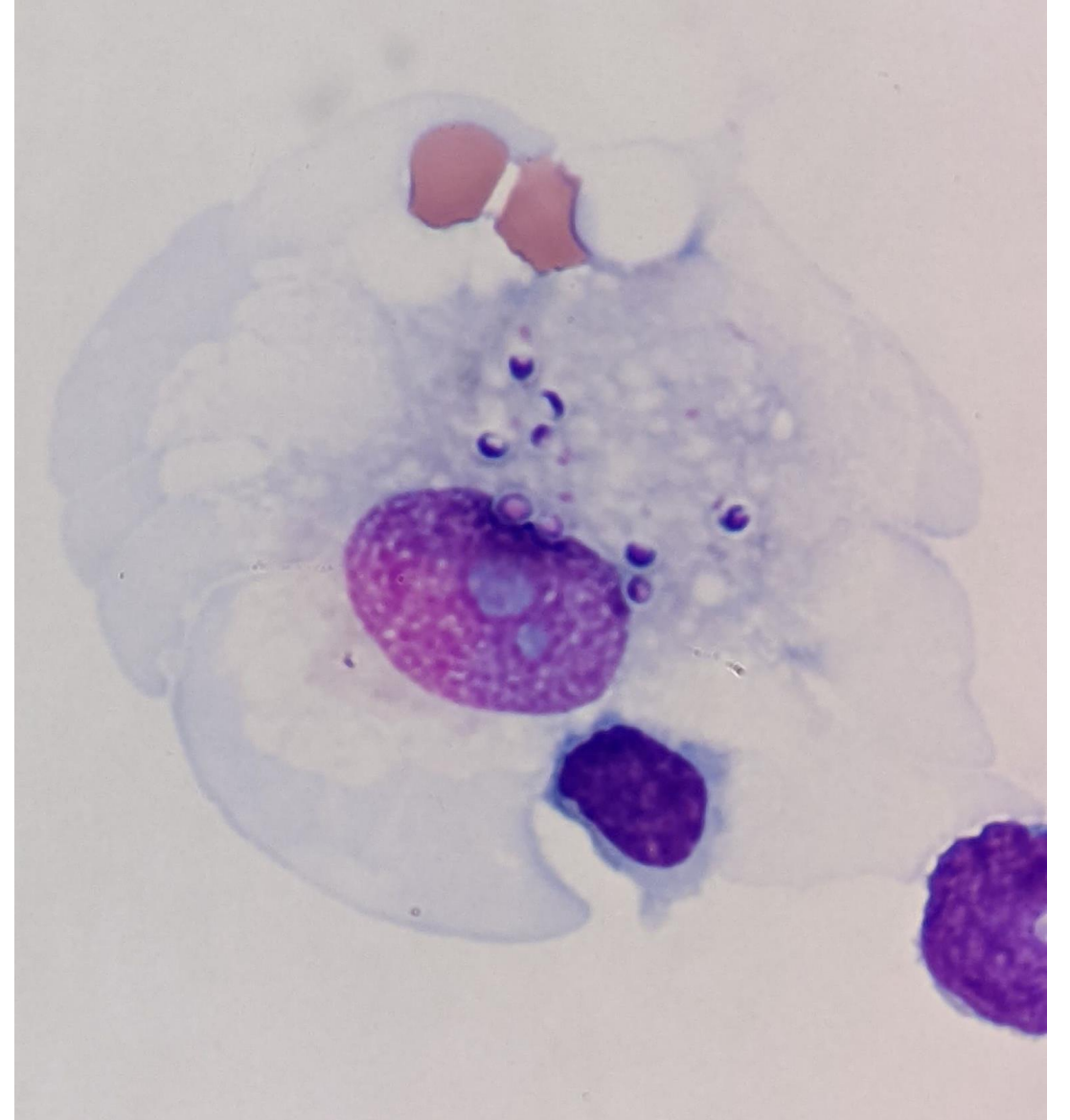
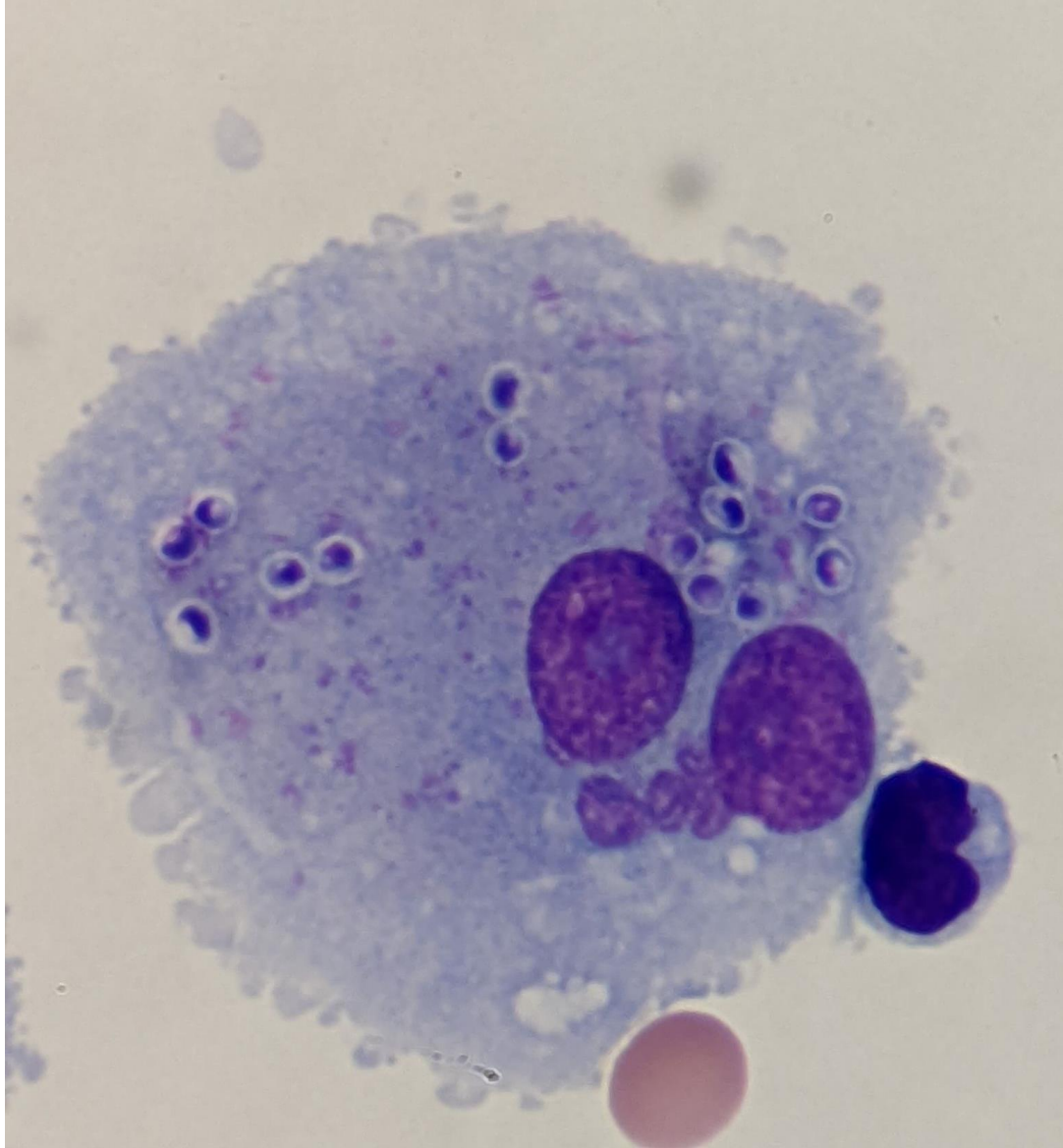
NO FURTHER TESTING PERFORMED.

But they also collected a Bronchoalveolar Lavage. . .



Cytospin Prep BAL Differential using  
Wright/Giemsa Stain at 100X





# Reaching a Diagnosis

ID Fellow ordered follow up serum testing to confirm our suspicions:

HISTOPLASMA AG RESULT	1.19	ng/mL
HISTOPLASMA AG INTERP	POSITIVE	

Which was also corroborated by the pathology report:

BAL: Many small fungal yeast forms are seen with GMS staining.

Capsular mucicarmine staining is not identified. The features appear most consistent with Histoplasma, as reported in the lung biopsy specimen. Correlation with microbiology results is recommended

And finally confirmed nearly a month later in culture:

MYCOLOGY FINAL REPORT =

Fungus/Yeast:

HISTOPLASMA CAPSULATUM





Where did it come from?

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