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ACUTE PULMONARY HISTOPLASMOSIS

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A 37-year-old man with a history of remote kidney transplant presented to the ICU with acute respiratory failure due to COVID-19. He required invasive mechanical ventilation upon admission. Chest CT showed centrilobular ground-glass opacities associated with peribronchovascular consolidation, predominantly in the basal regions. Due to his history of immunosuppression and persistent fever despite antibiotic treatment, a bronchoalveolar lavage (BAL) was performed. During bronchoscopic examination, multiple papular lesions with erythematous bases were observed on the tracheal mucosa, extending to the carina and both main bronchus, involving the entire bronchial tree and decreasing in caudal progression. Biopsy of the lesions was performed (Fig. 1 and Video 1). Pathological anatomy reported accumulations of histiocytes with intracytoplasmic PAS-positive yeast-like elements. Fungal culture of the BAL confirmed the presence of *Histoplasma capsulatum* (Fig. 2). In subsequent bronchoscopic monitoring following the initiation of antifungals, there was evident improvement in the lesions until complete resolution.

Figure 1 |

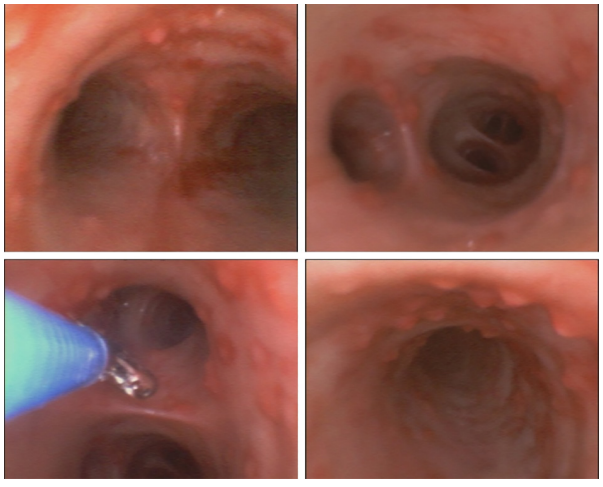

Figure 2 |