

Case Report

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Pennsylvania Hospital | UPHS

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Presentation

- ▶ 78-yo male presented with worsening cough, shortness of breath, fever, loss of appetite and weight loss for 2 months
- ▶ Med hx: T2DM and BPH
- ▶ Surg hx: None
- ▶ Social hx: Visited Costa Rica 2 weeks prior to presenting symptoms
- ▶ Physical exam: Vital signs wnl. Crackles in bilateral lung fields

Weight loss and Travel: Ddx

Viral infection:

- ▶ HIV
- ▶ Hepatitis

Bacterial infection

- ▶ Tuberculosis

Parasite

- ▶ Giardia
- ▶ Strongyloides

Fungal infection

- ▶ Histoplasmosis
- ▶ Coccidioidomycosis
- ▶ Paracoccidioidomycosis
- ▶ Blastomycosis
- ▶ Mucormycosis

GI pathology

- ▶ GI malignancy
- ▶ IBD

Other

- ▶ Thyroid disease
- ▶ Adrenal insufficiency

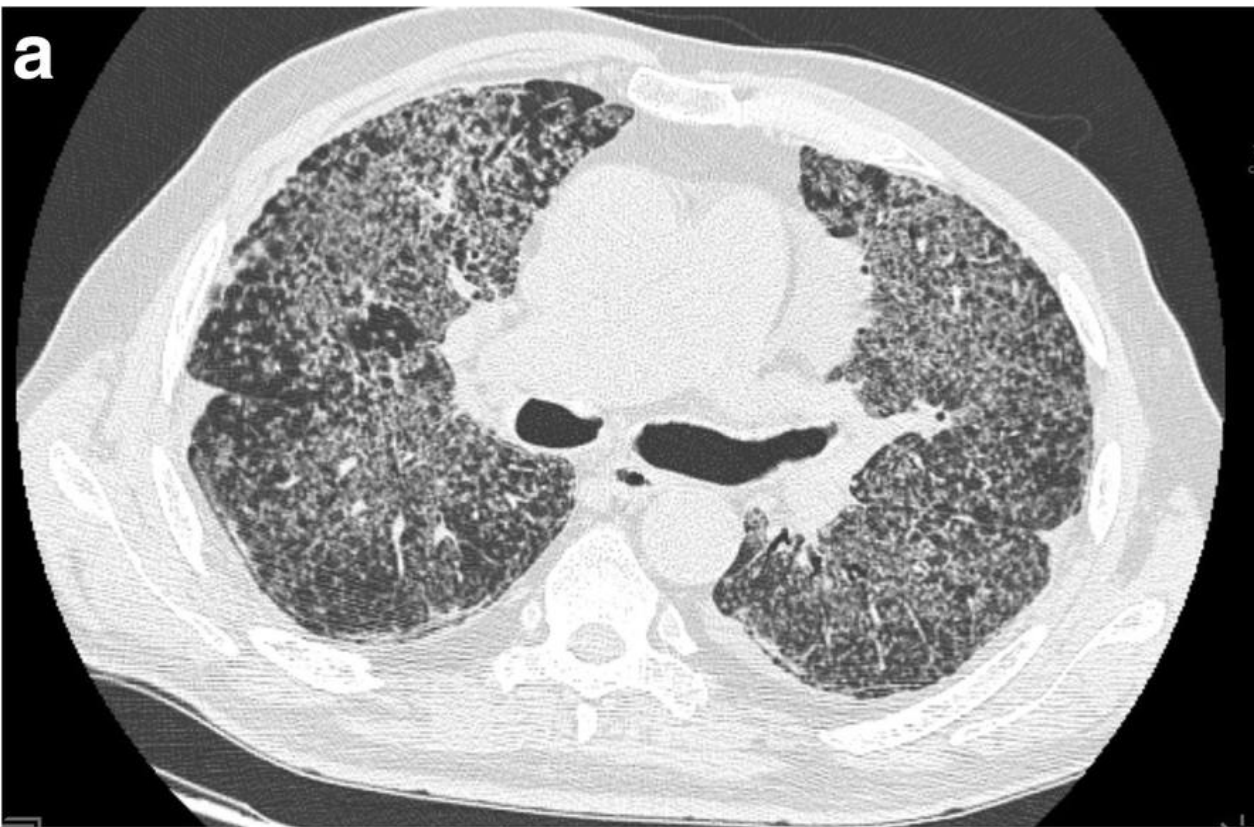
Travel History

- ▶ Countries/regions
- ▶ Dates
- ▶ Accommodation
- ▶ Activities
- ▶ Exposures
- ▶ Vaccinations

Labs

- ▶ CMP
 - Cr 0.82
 - Tbili 0.6
 - AST 13
 - ALT 25
 - ALP 55
 - Na 136
 - K 4.3
- ▶ CBC:
 - WBC 7.3
 - Hb 14.5
 - Pts 207
- D-dimer 902 ug/L
- CRP 29 mg/L
- HIV neg
- Blood cultures sent
- Urine cultures sent
- Sputum culture sent
- PJP direct IF, Aspergillus galactomannan sent

CT Chest



Bilateral Small Nodular Opacities

Infection:

- ▶ Histoplasmosis
- ▶ Miliary tuberculosis

Infiltrative

- ▶ Sarcoidosis
- ▶ PLH

Allergy

- ▶ Hypersensitivity pneumonitis

Pneumoconiosis

- ▶ Silicosis
- ▶ Coal Miner's lung
- ▶ Berylliosis, talc, etc

Malignancy

- ▶ Diffuse pulmonary metastases
- ▶ Lymphangitis carcinomatosa

Vasculitis:

- ▶ Granulomatosis with polyangiitis
- ▶ Microscopic polyangiitis
- ▶ Polyarteritis nodosa

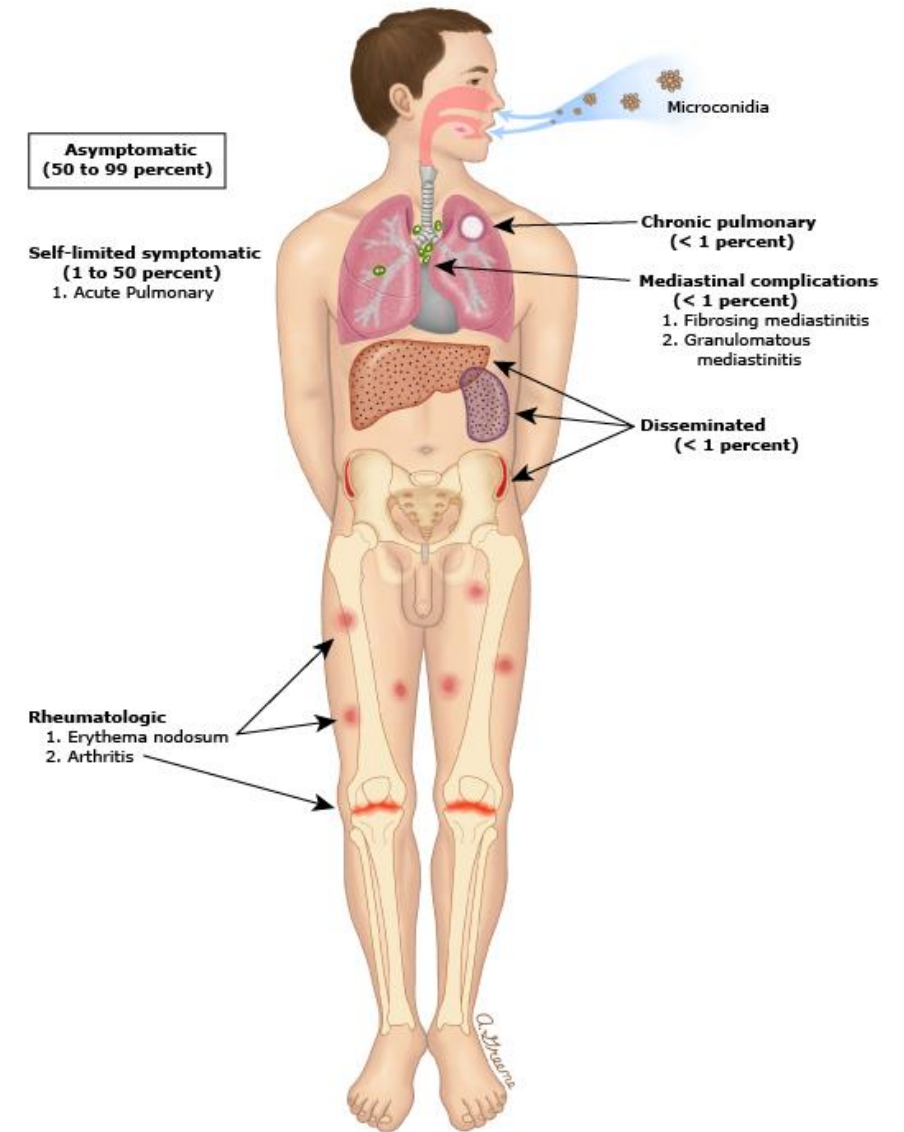
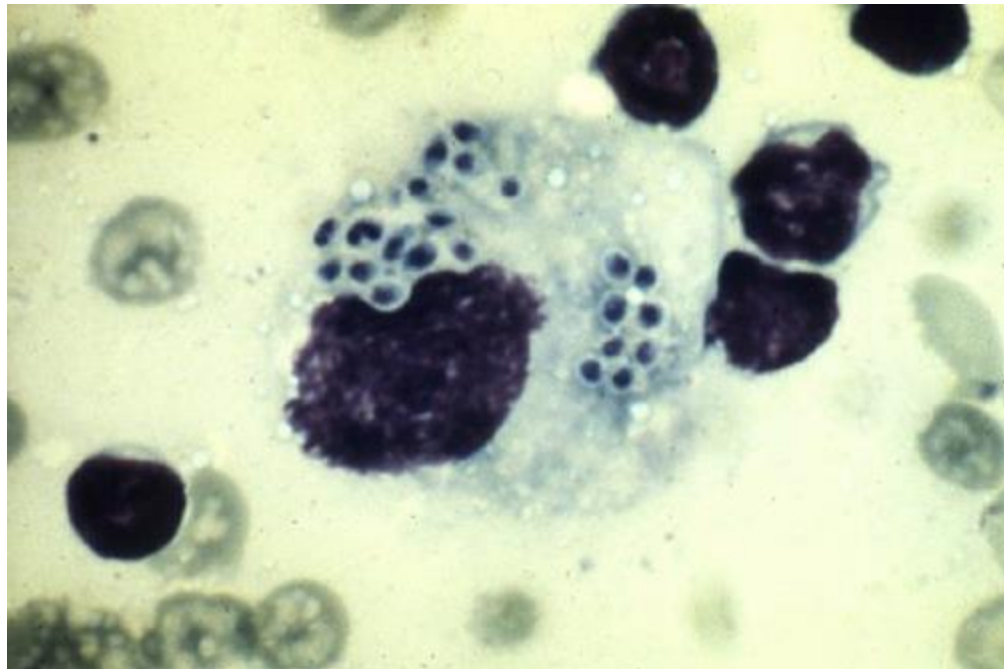
Labs

- ▶ Histoplasma urine antigen **positive**



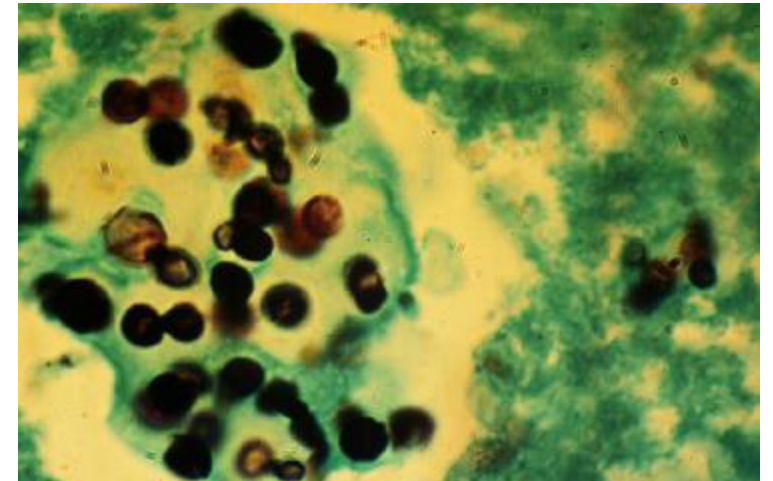
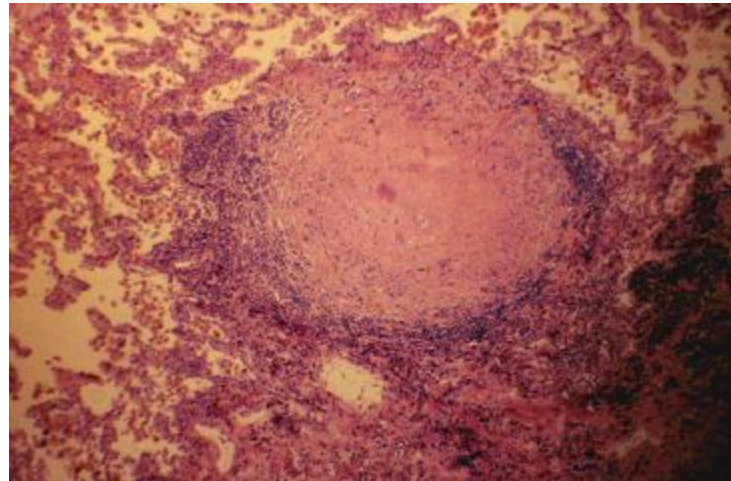
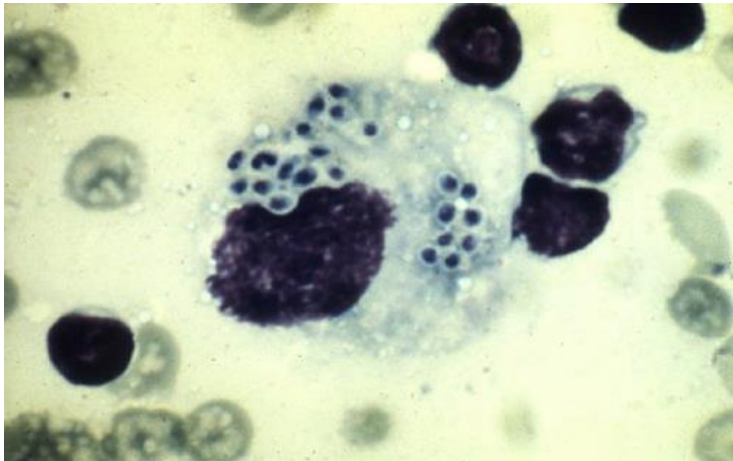
Histoplasma capsulatum

- ▶ Geography: worldwide but is most common in midwestern and central USA and Latin America
- ▶ Reservoir: soil contaminated with bird or bat droppings
- ▶ Route: Inhalation



Histoplasma capsulatum

- ▶ Diagnosis: Antigen detection from EIA in urine, blood, or BAL
 - Histopathology, cytology
 - Fungal cultures
 - Serology: complement fixation, immunodiffusion
 - PCR
- ▶ Treatment for severe infection: amphotericin B for 1-2 wks followed by itraconazole for 12 wks
- ▶ Treatment for chronic cavitary pulmonary disease: itraconazole for 12 months





Cavernas de Venado

4.8 ★★★★★ (679)

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Cavernas de Venado



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Venado Caves

4.8 ●●●●● (446 reviews) • #3 of 61 things to do in Arenal Volcano National Park • Caverns & Caves

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What people are saying



By Brett P

"Wettest but most fun spelunking experience!"



Apr 2024

... and was still able to get great photos with my **waterproof camera** (if you bring a cellphone, it better be in a pla...



By Carolyn B

"Awesome activity"



Aug 2023

The « **birth canal** » was awesome!! Thanks for this wonderful and memorable experience :-)

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just us two it seemed like this is more for active, athletic people. A lot of climbing on wet surfaces, and we did the 'birth canal' where you have to squeeze yourself through this little hole. Make sure to bring a waterproof camera!





Cave-Associated Histoplasmosis Outbreak Among Travelers Returning from Costa Rica — Georgia, Texas, and Washington, December 2024–January 2025

Weekly / May 15, 2025 / 74(17);289–292

CDC was notified about a cluster of suspected histoplasmosis cases affecting 12 members of an extended family from three U.S. states. They had all visited Venado Caves in Costa Rica, the site of a previous histoplasmosis outbreak associated with contact with bat droppings, the likely source of exposure. Four family members received fungal antigen testing, and two received test results positive for *Histoplasma capsulatum* species complex.



Cave-Associated Histoplasmosis in Costa Rica

- ▶ The same bat-inhabited cave in Costa Rica associated with this 2024 histoplasmosis outbreak was linked to a 1998–1999 outbreak among 51 persons
- ▶ 13 family members reported seeing bats and having direct contact with bat droppings while crawling and squeezing through tight spaces in the cave
- ▶ 6 Patients
 - Sought help at urgent care or PCP
 - No travel history was elicited
- ▶ 1 Patient
 - Sought care at ED
 - Again, no travel history elicited
 - Hospitalized due to abnormal CXR, concern for lung cancer
 - On day 2, travel history was elicited
- ▶ Prescription of antibiotics and steroids to certain affected family members suggests that fungal infections were not initially considered as the cause of the illness
- ▶ CDC has been collaborating with the U.S. Embassy in Costa Rica and the Costa Rica Ministry of Health to incorporate information about histoplasmosis risks at this location into the caving tour waiver forms



Case Resolution

- ▶ Dyspnea and fever substantially resolved during the first week of treatment
- ▶ After 3 weeks the patient was discharged from the hospital
- ▶ Two months after the discharge in follow up serology IgM became negative and IgG – positive
- ▶ Two-year follow-up showed no recurrence of signs and symptoms

Learning Objectives

- ▶ Describe the differential diagnosis for weight loss and travel
- ▶ Ask the appropriate questions to elicit a thorough travel history
- ▶ Describe the differential diagnosis for diffuse pulmonary nodules
- ▶ List the orders/tests required to diagnose histoplasmosis

References

- ▶ Ghai RR et al. Cave-associated histoplasmosis outbreak among travelers returning from Costa Rica — Georgia, Texas, and Washington, December 2024–January 2025. *MMWR Morb Mortal Wkly Rep* 2025 May 15; 74:289. (<https://doi.org/10.15585/mmwr.mm7417a1>)
- ▶ Specjalski K, Kita K, Kuziemski K, Tokarska B, Górská L, Szade J, Siemińska A, Chelmińska M, Jassem E. Histoplasmosis in an elderly polish tourist - a case report. *BMC Pulm Med*. 2019 Aug 14;19(1):150. doi: 10.1186/s12890-019-0914-7. PMID: 31412842; PMCID: PMC6693172.

