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Histoplasmosis in its various forms and different people

Sowmya Nanjappa
University of South Florida, USA

Introduction: Histoplasmosis/Ohio valley disease is associated with exposure to soil contaminated with bird or bat droppings. It presents as acute/chronic pulmonary and disseminated forms. It is associated with very high mortality among immunocompromised patients. Possible complications include ARDS, Meningitis, pericarditis and adrenal insufficiency. Diagnosis is by direct tissue staining, serology, cultures and detection of antigen. We studied 18 cases of culture positive histoplasmosis at SLUH (St Louis University Hospital), a 356 bed teaching hospital from 2009-2013.

Methods: Using EMR, we retrospectively studied patients >18 years with culture positive Histoplasma. We collected data regarding demographics, underlying immunodeficiency states, clinical features, lab findings, treatment and outcomes.

Results: The average age at diagnosis was 49.1 years. 15/18 (83.3%) were males. 8/18 (44.4%) had AIDS and 8/18 (44.4%) were immunocompromised with transplant and cancer. 16/18 (88.8%) had disseminated histoplasmosis. Common presenting symptoms included, fever 13/18 (72.2%), GI symptoms 12/18 (66.6%), fatigue 10/18 (55.5%). Positive blood cultures were found in 15/18 (82.2%). Of the 18, we tested 15 (82.2%) for urine histoplasma antigen of which 9 (60%) tested positive. The most common radiological findings were nodules 11/18 (61.1%) and lymphadenopathy 9 (50 %). Of 18 patients, 15 were treated and amongst them 13 (86.6%) were adherent to IDSA guidelines. In hospital mortality was 16.6%. 80% patients followed up in ID clinic were treated successfully at one year.

Conclusion: The study suggested that histoplasmosis is more common amongst middle aged men. Importantly, patients with histoplasmosis should be a screened for Immunocompromised states like HIV or immunosuppressive drugs. Common symptoms are fever, GI symptoms and fatigue. Blood culture was the best test for the diagnosis of histoplasmosis. Main radiological findings were pulmonary nodules and lymphadenopathy. Majority of the treated patients were adherent to the IDSA guidelines of treatment. In hospital mortality was found to be 16.6%. Most (80%) of the patients followed up in ID clinic were treated successfully at one year.

sowmya.Nanjappa@moffitt.org

My brain doesn't know me any more: Prosopagnosia, an insider's point of view

Barbara A Wilson
British Psychological Society, UK

Imagine having good eyesight, being able to read well, name objects and know whether someone's emotional expression signifies, happiness, sadness, fear, anger, disgust or surprise and yet be unable to recognize your spouse, your children or even yourself. This is what Claire, a wife, mother and former nurse experiences every day. Claire survived an illness, encephalitis, in 2004, which did not affect her physical ability, her language or her basic vision but left her with face blindness also known as prosopagnosia. Part one of this presentation consists of a detailed description of prosopagnosia, including a summary of the differences between those who can recognize people by voice or name and those, like Claire, who have lost semantic knowledge of people. Part two is a personal account from Claire herself, who explains what it is like to be unable to recognize her family and friends and how this has affected her identity. At first she felt she was in an unknown world, one where all the parameters had changed. She did not know herself or anyone else. She was very confused with her own feelings of 'self' and how and where she fitted in. Even now Claire feels that nobody knows very much about the person she is, least of all Claire herself, who observes that she is alone, a stranger to herself. Claire concludes by telling her story, including a little about her rehabilitation and her situation ten years after the illness.

barbarawilson00@gmail.com