

Clinical Challenge Number 11

A 16 year old boy was referred by the inpatient general paediatric team for gastroenterology opinion. The boy had 6 month's history of fever, decreased appetite and weight loss. The boy did not report any other specific gastrointestinal symptoms. The boy had arrived from Bangladesh along with his parents two months ago. The investigations done in Bangladesh for the same complaints were non-diagnostic. He was treated empirically in Bangladesh with 4 drug anti-Tuberculous treatment without any symptom relief. Malarial screening was negative. Initial examination showed low grade fever, tachycardia, poor nutritional status and hepatosplenomegaly. Chest X-Ray and Mantoux test were negative. Quantiferon test results were awaited. Blood test were unremarkable other than Bilirubin 85 (direct bilirubin 60), AST 58 U/L, ALT 50 U/L, albumin 29 g/dL, ALP 312 U/L, and GGT 88 U/L. HIV, ANA, and serology for Hepatitis B, C, E & A were negative. US abdomen showed hypoechoic splenic lesions, bilateral adrenal enlargement with calcification, and enlarged para-aortic nodes. While remaining in hospital, the boy had two episodes of melena. Upper GI endoscopy showed a sinus in the duodenum which was seen to communicate with the right adrenal gland on CT abdomen. Biopsies of the sinus wall were diagnostic and the treatment started based on this result was successful.

What is the most likely diagnosis?

What is the treatment of this condition?

PS: This is not a real case; hence we are circulating this via email to all our members. Even though this activity is mainly for our trainees, a multi-disciplinary approach to solve this clinical challenge is very welcome.

Answer to Clinical Challenge Number 11

Many thanks for your participation. **Congratulations to Dr Protima Amon** for emailing the correct answer.

This boy had **Histoplasmosis**. Biopsy of sinus wall in duodenum showed *H. capsulatum*. ERCP showed hemobilia with blood clots obstructing the ampulla. Clots were removed and CBD was stented. He was discharged on Itraconazole after showing symptomatic improvement. At 6 month follow up, his splenic and adrenal lesions had resolved. The incidence of Histoplasmosis is increasing in Northeast India and Bangladesh. Gastrointestinal involvement (usually terminal ileum and colon) is seen in over 50% with disseminated histoplasmosis. Duodenal involvement is not very common.