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HEMOPHAGOCYTIC SYNDROME DURING *HISTOPLASMA CAPSULATUM* INFECTION

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A 50-year-old African patient was admitted for fever, weight loss and generalized cutaneous eruption. The diagnosis of human immunodeficiency virus infection was made (CD4 count: 34 per cubic millimeter). At admission, biological findings were as follows: hemoglobin 8.5 g/dL, platelet count 300×10^9/L, leukocyte count 5×10^9/L with a normal differential, ferritinemia 20,000 UI/L (normal value <200).

Ten days after, severe thrombopenia occurred (6×10^9/L) and hemoglobin level fell to 6.4 g/dL. Histological examination of bone marrow evidenced hemophagocytic histiocytosis (Figure 1) and fungal elements in parasizited macrophages (Figure 2). The diagnosis of *Histoplasma capsulatum* infection was confirmed by blood culture positivity and the presence of yeast forms from the skin biopsy specimen.

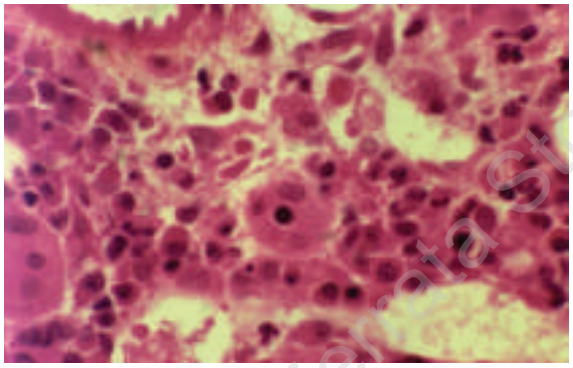

Figure 1. Hemophagocytic histiocytosis (May-Grünwald-Giemsa staining: original magnification ×40).

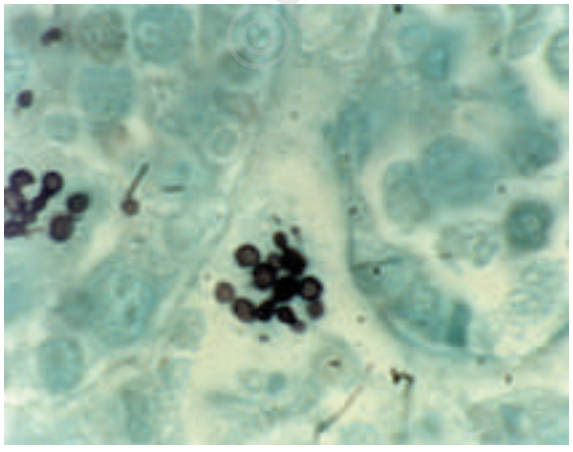

Figure 2. Evidence of fungal elements typical of *Histoplasma capsulatum* in bone marrow (Grocott staining: original magnification ×40).

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