Episode 20

In this week’s episode of the CPSers, Dr. Tom Goslinga presents a clinical unknown to Dr. Bob Centor.

Problem Representation
A 56-year-old man from rural Indiana with ankylosing spondylitis on an IL-17 inhibitor presented with subacute watery diarrhea, diffuse abdominal pain, and oral ulcers with a recent colonoscopy demonstrating noncaseating granulomas concerning for Crohn’s disease, found to have hypercalcemia and calcified pulmonary nodules on chest imaging.

Schemas
Dr. Centor took us back to episodes 7 & 8, reminding us to use an endocrinologic approach when evaluating hypercalcemia.

Diagnosis
Reexamination of the colonic biopsies revealed budding yeast and the Histoplasma urine antigen test was positive, confirming a diagnosis of disseminated Histoplasmosis!

Teaching points
- A number of conditions can mimic inflammatory bowel disease, including drug-induced colitis, infectious colitis, monogenic disorders (most commonly in children), and (occasionally) ischemic colitis. Intestinal tuberculosis is a notorious mimicker of Crohn’s disease, as it shares a predilection for the ileocecal region and has granulomas on histopathology.
- *Histoplasma capsulatum* is a dimorphic fungus most commonly found in North and Central America. It is endemic to the Mississippi and Ohio River Valleys, where a large portion of the population demonstrates evidence of prior asymptomatic or subclinical infection.
- The clinical manifestations of histoplasmosis depend largely on the immune status of the host.
  - **Pulmonary infections** occur in immunocompetent patients and typically are self-limited, sometimes associated with arthralgias and cutaneous findings (E nodosum, E multiforme). Mediastinal fibrosis is a potentially lethal complication.
  - **Disseminated infection** occurs in patients with impaired cellular immunity. Common manifestations include constitutional symptoms, GI involvement (colitis, ileitis), hepatosplenomegaly, infiltration of the bone marrow, and ARDS. Rarely it can present with CNS involvement or as culture-negative endocarditis.

Clinical Reasoning Pearl
A number of cognitive biases can lead to errors in our clinical decisions and reasoning. This can be combatted by questioning different aspects of the patient's presentation or past medical history.

For example:
By questioning the diagnosis of Crohn's disease, Dr. Centor began to consider infectious etiologies like Histoplasmosis.

References