LETTER TO THE EDITOR

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To
Editor-in-Chief
Journal of Bangladesh College of Physicians and Surgeons

Sir,

I had gone through the case report of your valuable journal (Vol 30, No 4, October 2012) title with 'Oral Histoplasmosis: Report of Two Cases' by SMA Sadat et al with keen interest and have few observations.

a. Both the cases were well written and the contents and illustrations were nice.

b. Classification of Histoplasmosis was mentioned without any reference in the article. Besides the three types described in this paper, other varieties are primary cutaneous histoplasmosis, African histoplasmosis and progressive disseminated histoplasmosis .[1]

c. Authors noted the role of itraconzole favorable in local histoplasmosis for which a reference was stated as given by Negroni and colleagues, but there was no mentioning of such names or paper in the reference list. In fact, itraconazole is regarded as first-line therapy for less severe form of disseminated histoplasmosis.[2] So, this is a very effective drug in both local and systemic cases.

d. In the first case report, the patient was a painter and was found non-HIV. The other risk factors such as history of exposure to bat/bird droppings, travel history, living conditions, localities[3] etc leading to development of primary histoplasmosis were not discussed.

e. In the second case, patient had past history of pulmonary tuberculosis with irregular treatment. Exclusion of relapse or new infection with TB by proper evaluation was not mentioned.

f. Follow-up plans were not described.

References:

1. William D.J; Timothy G.B et al. Andrews' Diseases of the Skin: clinical Dermatology. Saunders Elsevier.2006; 316-317

2. Becker J.S, Hospenthal R.D. Infect Med. 2009; 26: 121-124

3. Histoplasmosis. Carson-DeWitt R. Available at: medicine.med.nyu.edu/pulmonary/node/672 - United States. Accessed December 2012.

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Author's Reply

To
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Journal of Bangladesh College of Physicians and Surgeons

It is my great pleasure that Dr. Rukhsana Parvin, Associate Professor of Medicine, Enam Medical College &Hospital, had gone through the article titled "Oral Histoplasmosis: Report of Two Cases, with much interest and tried to raise the critical comments and queries. I strongly appreciate her effort which can help an author to find out the weakness of his article & thus make it rich in future.

The classification of Histoplasmosis was cited from "Goodwin RA Jr, Shapiro JL, Thurman GH, et al. Disseminated Histoplasmosis: clinical and pathologic correlations. Medicine (Baltimore) 1980;59:1-33."

Thank you for adding other three types e.g. Cutaneous Histoplasmosis, African Histoplasmosis and Progressive Disseminated Histoplasmosis.

The reference of Negroni and colleagues was unintentionally missed from the reference cite. The reference was "Negroni R, Taborda A, Robies AM. Itraconazole in the treatment of Histoplasmosis associated with AIDS. Mycoses 1992;35(11-12):281-287."The drug is effective in both local and systemic forms.

The first reported patient lives in Dhaka city in a densely populated area and occasionally visits his village. Particularly he had no history of exposure to bat or bird droppings.

The second reported patient gave history of pulmonary tuberculosis 25 years back with possible irregular treatment. As the history of TB was long before and

chest radiograph didn't show any evidence, we avoided other investigations to exclude relapse or new infection with Tuberculosis.

There are some guidelines of follow up of disseminated histoplamosis with maintenance therapy, which are a) Monitoring histoplasma Ag (serum or urine) every 3-6 months during therapy. Rise in level suggestive of relapse. b) Discontinuation of maintenance therapy may be safe if patient is on stable ART >6 months with CD4 >150, serum Ag < 2 units, and have completed induction and minimum of 12 months of maintenance antifungal therapy. C) Serum Itraconazole level should be obtained at least once as absorption can be erratic; should be >1 mcg/ml.

Finally I would like to thank the respected reader for her valuable endeavor in further addition of information in the article and thus to upgrade the quality of Journal of Bangladesh College of Physicians & Surgeons.

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