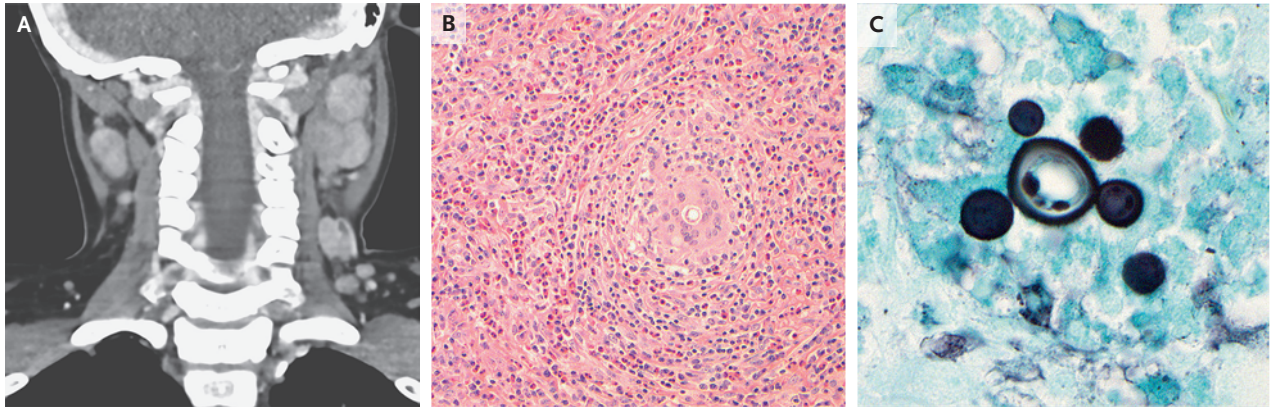


IMAGES IN CLINICAL MEDICINE

Stephanie V. Sherman, M.D., *Editor*

Paracoccidioidomycosis



A 9-YEAR-OLD BOY WHO HAD RECENTLY EMIGRATED FROM BRAZIL PRESENTED to the emergency department with a 3-week history of neck swelling, fevers, and weight loss. On physical examination, there was fixed, tender lymphadenopathy in the posterior auricular, submandibular, and occipital chains. There was no hepatosplenomegaly or rash. Laboratory testing was notable for an absolute eosinophil count of 12,878 per cubic millimeter (reference range, 0 to 400), anemia, thrombocytosis, hypoalbuminemia, and a negative fourth-generation assay for human immunodeficiency virus. Computed tomography of the neck showed hyperattenuating cervical lymphadenopathy on both sides (Panel A). An excisional biopsy of a lymph node in the deep left cervical region was performed, and histopathological examination of a biopsy specimen showed tissue eosinophilia, granulomatous formations, and conspicuous, round structures (Panel B, hematoxylin and eosin stain) and clusters of yeast forms (Panel C, Grocott-Gomori methenamine silver stain). Tests for cryptococcus and histoplasmosis were negative, but a polymerase-chain-reaction assay of lymph node tissue was positive for *Paracoccidioides brasiliensis*. A diagnosis of paracoccidioidomycosis was made. Treatment with itraconazole was initiated but was later changed to fluconazole owing to adverse side effects. Two months after presentation, the patient's symptoms had abated. Antifungal therapy was continued for 1 year.

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