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Histoplasmosis in Indian subcontinent-an update**Harish C Gugnani and HS Randhawa**
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The Indian subcontinent includes Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. About 220 cases of histoplasmosis have been reported from various parts of India to date there is no record of the disease from Sikkim, Mizoram and Nagaland. A high proportion of these cases have been reported from the eastern part (mainly West Bengal (WB) and Assam) and southern part of the country. Oral ulcers and bilateral adrenal enlargement seem to be particularly frequent among Indian patients. Skin lesions have been observed more frequently in south Indian patients than in north Indian patients. Disseminated histoplasmosis (DH) in immunocompetent host manifests as a syndrome of prolonged fever, skin lesions and pancytopenia while in immunocompromised patients it presents as prolonged fever, adrenal gland enlargement, epididymitis and prostate involvement with higher occurrence of hepato-splenomegaly and muco-cutaneous lesions. The information on the natural occurrence of *H. capsulatum* is limited to recovery of the organism from a single sample of bat guano admixed with soil from an abandoned room in a 350-yr old palatial building near Kolkata. Sixteen cases of histoplasmosis have been reported so far from different areas of Bangladesh (BD), with varying clinical manifestations like that observed in Indian patients. Histoplasmin sensitivity testing in different population groups in BD gave 12-23% positive reactivity, the rate being higher than that observed in several parts of India. Considering the similarity of geo-climatic conditions of Bangladesh (BD) to that in West Bengal, it is possible that many more undetected cases of the disease occur in BD. The number of cases known from other countries in the subcontinent is very small, viz. Pakistan-4, Nepal-3, Sri Lanka-3, Myanmar-1, with no case from Bhutan, and Maldives. Histoplasmosis is underdiagnosed in several parts of Indian subcontinent. It is hypothesized that greater awareness and augmentation of laboratory diagnostic facilities is likely to reveal a much higher prevalence of the disease.

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