CASE PRESENTATION

A 13 yo female presented with headaches and abdominal pain for 3 months. Clinical course was worsened by altered mental status and focal neurological deficits including flaccid tetraparesis right more than left. After a prolonged hospital stay, a delayed diagnosis of Histoplasmosis was reached with a positive histoplasma antibody. Treatment with amphothericin B and multidisciplinary approach with early phsychiatrist intervention, and physical, occupational and speech and language therapy was crucial to achieve good functional outcomes.

Repeat Histoplasma Ab testing was reported positive approximately 3 months after the initial presentation of symptoms. At this time, IV amphothericin B + fluid and electrolyte replacement was started with good clinical outcome. A repeat MRI of the head showed improvement in the leptomeningeal changes, and prevalence of basal ganglia infarcts.

MRI of the brain. Multiple deep brain lesions, affecting predominantly the basal ganglia, temporal lobes, thalami and right pons, and their signal characteristics are compatible with infarctions. Pronounced enhancement within the basal cisterns, likely related to a basilar meningitis.

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We continued to follow her on an outpatient basis. During her 3 and 6 month follow up appointments, she continued to achieve functional goals while working with outpatient physical, occupational and speech and language therapy. Also, continued antifungal therapy with oral fluconazole to complete a 1 year course of treatment. At follow up, her gait improved and she returned to school with no obvious impediments. No presence of neuropathic pain or other complaints were present during her visit.

Neuropsychological evaluation as an outpatient revealed mild to moderate anxiety, mild impairment with fine motor function, mild difficulty with expressive language and mildly increased impulsivity. All other areas of evaluation in the neuropsychological test battery were within normal limits.