Isolated Histoplasma Tenosynovitis in a Patient on Adalimumab

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A 42-year-old woman presented with a 3-week history of left hand swelling and pain, with a “shooting” sensation up her arm. Medical history was remarkable for Crohn disease on adalimumab and azathioprine. Physical examination was notable for erythema and tenderness on the palmar aspect of the left hand (Figure 1). Magnetic resonance imaging (MRI) identified flexor tenosynovial enhancement with surrounding inflammation (Supplemental Figure 1, available online at http://www.mayoclinicproceedings.org). Urgent flexor tenosynovectomy of digits 2 through 5 with left carpal tunnel release was performed. Pathologic evaluation of synovium noted necrotizing granulomas (Supplemental Figure 2) with Gömöri methenamine-silver stain positive yeast (Figure 2). Synovial cultures grew Histoplasma capsulatum. Chest radiograph was unremarkable. Histoplasma antigen was not detected in blood or urine; however, the sensitivity of these tests is not established in localized extrapulmonary infection. The patient was started on itraconazole therapy; at 1-month follow-up, she was doing well.

These images demonstrate the importance of considering histoplasmosis when evaluating subacute tenosynovitis in the immunosuppressed patient. To our knowledge, this is the first patient that we are aware of who was diagnosed with histoplasma tenosynovitis when on adalimumab.

SUPPLEMENTAL ONLINE MATERIAL

Supplemental material can be found online at http://www.mayoclinicproceedings.org. Supplemental material attached to journal articles has not been edited, and the authors take responsibility for the accuracy of all data.

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