

in immunosuppressed patients<sup>1</sup>. Oral manifestations of histoplasmosis, although usually associated with the chronic disseminated form of the disease, constitute a rare event in HIV-negative patients without underlying clinical disorders. The oral lesions are frequently located on the tongue, palate, or lips<sup>5</sup>. Oral lesions, when present, can manifest in a variety of forms, such as ulcers and erythematous or vegetative nodules. Frequently, in cases of disseminated infection, such lesions appear to be the primary or only manifestation. Nevertheless, few cases of apparently initial mucocutaneous histoplasmosis in patients without detectable systemic involvement have been reported since 1946<sup>1</sup>.

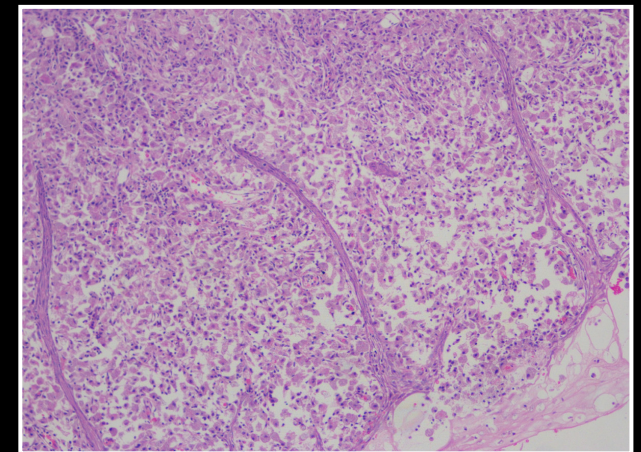
We describe and report here a case of histoplasmosis in an HIV-negative patient with lesions exclusively in the oral cavity but without other subjacent underlying disease.

## CLINICAL PRESENTATION AND PATHOLOGIC FINDINGS

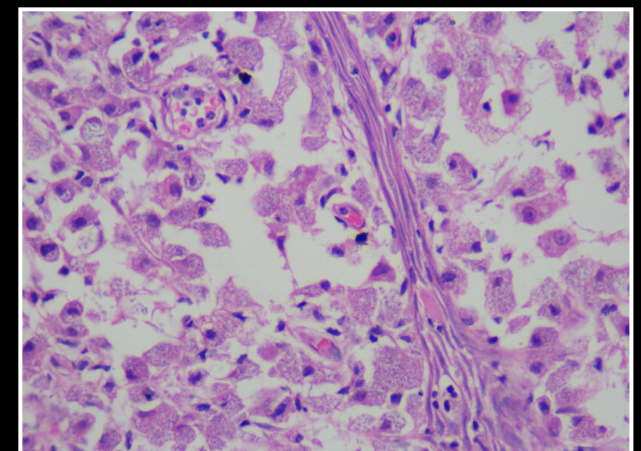
A 60 year old male patient, presented with a polypoid mass with slight tenderness over the soft palate for 2 months. On examination, the mass measured about 1.5 x 1.0 x 0.5 cm. This mass was excised and sent for histopathological examination at the referring institution. As per the gross examination at the referring institution, the mass was received as multiple irregular fragments of tan white, firm, nodular tissue measuring in aggregate 1.5 x 1.0 x 1.0 cm. The cut surface revealed a solid homogenous dull gray mass with no foci of haemorrhage or necrosis.

A preliminary diagnosis of undifferentiated malignant tumor was rendered and the block was sent to us for a dualCORE Panel (Final Diagnosis).

Microscopic examination at our laboratory revealed a low power image of hyperplastic, inflamed and ulcerated squamous mucosa in which the sub-epithelial tissue revealed a florid collection of questionable macrophages. These macrophages had mild to moderate nuclear pleomorphism with occasionally prominent nucleoli and moderate cytoplasm. No caseous necrosis was identified. On high power examination, the cytoplasm of these macrophages revealed multiple questionable diminutive organisms. On initial examination, a question of infection was raised and special stains and few immunostains were ordered. Special stains, including Gomori's methanamine silver (GMS) and Periodic Acid Schiff (PAS), performed on



H&E, 100X



H&E, 400X