Results. A total of 37 patients (18 proven and 19 probable) with mean age of 51.59 ± 11.17 years were studied. Diabetes was the most common co-morbidity (15 patients) followed by HIV (6), whereas no co-morbidity was found in 10 patients. Adrenals (29%), lungs (27%), lymph nodes (27%), and skin and oral mucosa (24.3%) were the most common organs involved (Figure 1). Anti-tubercular therapy based on granulomatous inflammation was given to 10 patients prior to the diagnosis. Raised GGTP and ALP (54%) and hyperglobulinemia (40%) were the common laboratory features. Most patients (83.7%) came from endemic areas (North-Eastern states, West Bengal, and Bangladesh) whereas all six cases from non-endemic areas were classified as probable (Figure 2). All-cause mortality rate was 10.8%, with 27 cases (72.9%) showing improvement at a median follow-up of 6 months. Comparison of proven and probable cases revealed that the following features were significantly higher in the probable group: female sex (P = 0.001), coming from nonendemic areas (P = 0.009), requiring in-patient care (P = 0.001), leucocytosis (P = 0.043), absence of skin and oral mucosal findings (P = 0.002), simultaneous alternate diagnosis (P = 0.039), and death (P = 0.039).

Conclusion. This study emphasizes that histoplasmosis is an under-recognized entity in India. Histoplasma antigenuria does help in making the diagnosis easily and needs to be more extensively utilized by clinicians. However, it can yield false-positive results in patients belonging to nonendemic areas and lacking typical clinical features of histoplasmosis. Further studies are needed to determine the utility of the antigen test in Indian settings.

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