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WRIST MONOARTHRITIS DUE TO HISTOPLASMA CAPSULATUM: CASE REPORT

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BACKGROUND

Monoarthritis can have several causes, such as trauma, crystal-induced arthritis, systemic rheumatological diseases or infections, which include gonococcal and non-gonococcal bacterial infections, and less commonly, mycobacteriosis or fungal involvement. We present a case of wrist monoarthritis caused by the fungus *Histoplasma capsulatum*.

CASE REPORT

A female patient of 48 years, with systemic lupus erythematosus, with nephritis as the main manifestation, undergoing maintenance treatment with mycophenolate mofetil and low dose prednisone. She started six months ago with pain in her right wrist, accompanied by edema, denying arthralgia in other joints, fever, dysuria, skin lesions or other complaints. There was no history of local trauma. She was initially treated with prednisone, without improvement. After two months, an empiric antibiotic scheme was started (clindamycin and cefuroxime), but there was also no improvement. The patient was admitted for investigation with six months of evolution, maintaining the same complaints. On physical examination, she had arthritis of the right wrist, but no other joint pain or swelling and no other significant finding, remaining afebrile during hospitalization. Laboratory investigation revealed mild pancytopenia associated with the underlying disease, normal renal function, low acute-phase reactants, negative viral serologies (hepatitis, HIV) and syphilis. In the analysis of synovial fluid obtained from a wrist arthrocentesis, the search for crystals was negative, and there was no bacterial growth. The culture for *Mycobacterium tuberculosis* was negative, but the culture for fungus was positive for *Histoplasma capsulatum*. The patient had no systemic symptoms, imaging tests or blood cultures that suggested disseminated fungal infection. She was treated with itraconazole, showing marked improvement in arthritis.

CONCLUSION

Monoarthritis is an entity in which a series of causes must be taken into account, such as infections, trauma, microcrystalline arthropathies or systemic rheumatological diseases. Arthrocentesis, and even synovial biopsies in some chronic cases, is essential for the differential diagnosis. It is important to remember less common infectious causes, such as fungi or tuberculosis, when the joint involvement has a chronic indolent course, without improvement with anti-inflammatory drugs, corticosteroids or antibiotic therapy, especially in immunosuppressed patients.