



A 54-Year-Old Man With Lingual Granuloma and Multiple Pulmonary Excavated Nodules

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A 54-year-old French man was admitted for evaluation of a chronic nodular lesion of the tongue and mandibular lymphadenopathy. He reported active tobacco and cannabis smoking as well as excessive alcohol use. He also reported frequent use of cocaine for several months and a past addiction to IV heroin. He had traveled abroad as a journalist and lived for several months in Columbia and Venezuela 12 years ago. His medical history included chronic hepatitis C infection successfully treated with interferon and ribavirin 6 years ago and high BP.

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Physical Examination Findings

The patient was afebrile. The lingual lesion was indurated, slightly painful, nonulcerated, and measured between 1 and 2 cm. Enlarged lymph nodes were palpable under the chin. A perforation of the nasal septum was noticed. Physical examination was otherwise normal.

Diagnostic Studies

Results of routine blood tests were normal with the exception of an elevated C-reactive protein level at 20 mg/L (normal value, <5 mg/L). A CT scan of

the neck and chest confirmed the presence of cervical lymphadenopathy and revealed multiple cavitary pulmonary nodules (Fig 1). Bronchoscopic examination results were grossly normal. BAL fluid analysis and culture results were negative for infectious pathogens, including mycobacteria and fungal elements. Serum test results for HIV infection were negative. Screening for antineutrophil cytoplasmic antibodies by immunofluorescence was positive with an atypical pattern. Enzyme-linked immunosorbent assay for antineutrophil cytoplasmic antibody antigens (including myeloperoxidase,

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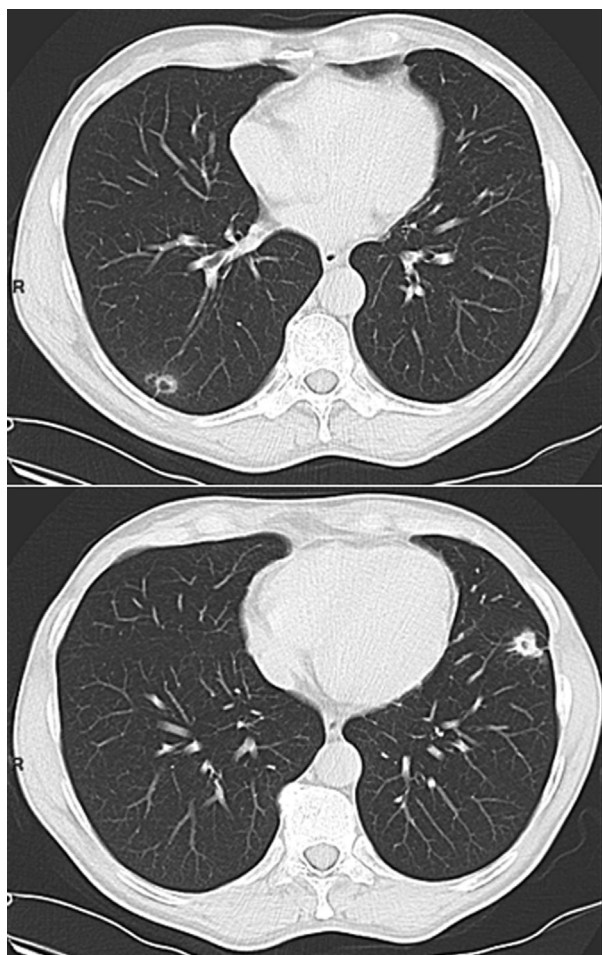


Figure 1 – Chest CT scan shows multiple and disseminated pulmonary nodules with cavitation.

proteinase 3, lactoferrin, elastase, and cathepsin G) was negative. A biopsy of the lingual lesion was performed and revealed multifocal granulomas associated and numerous microabscesses containing yeast stained positively with Grocott methenamine silver (Fig 2).

What is the diagnosis?

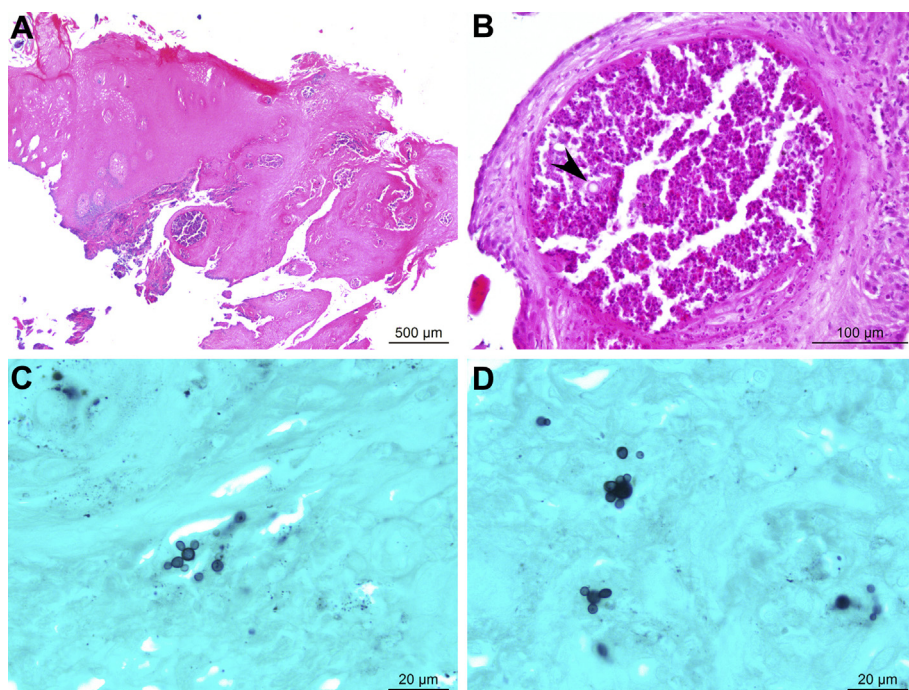


Figure 2 – A-D, Biopsy of the tongue lesion. A, Multifocal to coalescing granulomatous inflammation, centered on the chorion, associated with (B) intra-epithelial abscesses containing refringent microorganisms (arrowhead). C, D, Gomori-Grocott staining reveals the presence of variable size yeasts (diameter between 4 and 30 μm) with multiple buds surrounding the parent cell, described as the “pilot” wheel.

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