Acute pulmonary histoplasmosis is characterized by fever, cough, chest pain, and mediastinal lymphadenopathy with infiltrates. Because presentation resembles other diseases, diagnosis can be challenging. Though antigen detection is highly sensitive in disseminated histoplasmosis (>90%), [1-5], up to 17% of acute pulmonary histoplasmosis cases are missed with antigen detection alone [7].

A 2016 study of at MiraVista Diagnostics demonstrated highest sensitivity for detection of acute pulmonary histoplasmosis with combined testing [6].

- MVista® Histoplasma An Quantitative EIA (serum + urine)
- MVista® Histoplasma Antibody IgG, IgM EIA
When IgM and IgG antibody levels were evaluated during acute (5-6 weeks post exposure) and convalescent stages (10-12 weeks post exposure), IgM levels dropped significantly in 93.8% of patients. IgG levels did not change significantly.

Summary:

Serum and urine antigen combined with antibody EIA testing yields highest sensitivity in diagnosis of acute pulmonary histoplasmosis, and response to treatment can be monitored with repeat antigen EIA testing. IgG/IgM antibody testing could be useful in patients with negative antigen results.

Reference List