

Clinical image

Calcified Mediastinal Adenopathy: What If It Is Not Tuberculosis?

Adenopatías mediastínicas calcificadas: ¿y si no es tuberculosis?

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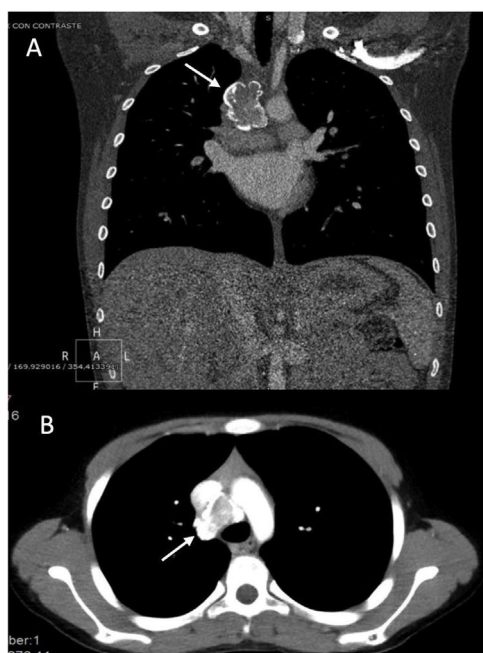


Fig. 1. Chest CT scan with contrast A: right paratracheal nodular lesion with calcification in coronal section. B: same lesion in axial section.

The differential diagnosis of calcified mediastinal adenopathies mainly includes infectious diseases (tuberculosis, histoplasmosis), sarcoidosis and tumors (treated lymphoma, metastases of papillary thyroid carcinoma).¹

An 11-year-old boy, born in Spain, to whom a thorax X-ray was requested due to rib trauma was found calcified mediastinal lymph nodes. He was asymptomatic and physical examination was normal. He reported annual trips, to Ecuador to an area with a large bat population, with which he was in close contact. Computed tomography (CT) of the chest showed calcified mediastinal lymph nodes, without airway compression, calcified granuloma in the middle lobe and puntiform splenic granulomas (Fig. 1). Negative tuberculin test and IGRA, angiotensin converter enzyme, blood count and rest of studies were normal.

The presence of splenic punctate calcifications and the contact with bats was highly suggestive of histoplasmosis, specifically mediastinal granuloma due to histoplasmosis. Histoplasma capsulatum serology by immunodiffusion was positive. At 12 months there was no change on control CT scan.

Histoplasmosis is caused by the fungus *Histoplasma capsulatum*, endemic in parts of the USA and South America. Mediastinal granuloma is a complication of primary histoplasmosis and a common cause of mediastinal mass in endemic countries. Usually asymptomatic, although it may occasionally compress the airway and/or fistulize.² In addition, there are other rare forms of histoplasmosis, such as fibrosing mediastinitis.

Authors' contribution

All authors have contributed to this work as listed in the authors' contribution section.

Informed consent

Informed consent was obtained from the patient's relative for publication of the clinical data and images present in this manuscript.

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Funding

This work has no funding.

Conflicts of interest

The authors do not fear any conflict of interest.

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