

Treatment with amphotericin B was initiated (Abelcet, 5 mg/ml at 40 ml/day), but the patient developed nosocomial pneumonia (fever, diffuse rhonchi and leukocytosis with neutrophilia) during hospitalization. Therefore, treatment with piperacillin and tazobactam was associated. After 4 days, the patient developed hypotension and septic shock. Piperacillin and tazobactam were discontinued, and imipenem was associated. The patient died of cardiovascular complications.

Case Two:

The second patient was a 34-year-old male, worker in a shoe factory, born in Itapipoca, Ceará, Brazil, where he lived until he was 10-years-old, after which time he moved to Fortaleza, N

is amphotericin B, 11 were not completely cured and required further treatment. Goodwin et al reported a case of histoplasmosis affecting only the larynx, which was treated with 200 mg of ketoconazole three times a day for 3 months. The patient underwent objective testing 14 months after treatment, with good results [10]. Fernandez et al. reported successful treatment with itraconazole [11]. Negroni et al. treated 17 histoplasmosis patients with itraconazole, 100 mg daily, until a clinical cure was achieved and then changed the treatment regimen to 50 mg/day for six more months. All of the infections were clinically cured or improved greatly. Twelve cases reached a clinical cure, 4 exhibited extreme relief, and 1 patient, who interrupted the treatment after 2 months of itraconazole, died [12].

In conclusion, histoplasmosis should be considered in the differential diagnosis of aconary M