**Background**

- Histoplasmosis, a mimic of tuberculosis, needs invasive tissue sampling for diagnosis.
- Histoplasma antigen assay (non-invasive test) has been recently introduced in India.

**Methods**

- This was a retrospective single centre study between January 2013 and February 2018 at a 550 bed tertiary centre located in South India.
- EORTC/MSG criteria was used for defining cases.
- Case records of patients with proven (confirmed by histopathology or culture) and probable (presence of antigenuria) histoplasmosis were analysed.
- Antigen detection was done in urine sample using via IMMY ALPHA Histoplasma enzyme immunoassay (EIA).

**Results**

- A total of 37 patients (18 proven and 19 probable) with mean age of 51.59±11.17 years were studied.
- Diabetes Mellitus was the most common co-morbidity (15 patients) followed by advanced HIV (6), whereas no co-morbidity could be identified in 10 patients.
- Adrenals (29%), lungs (27%), lymph nodes (27%) and skin and oral mucosa (24.3%) were the most common organ systems involved.
- Empirical anti-tubercular therapy based on granulomatous inflammation was given to 10 patients prior to the diagnosis.
- Most patients (83.7%) belong to endemic areas (North-Eastern states, West Bengal & Bangladesh) were as 6 cases (all probable) were from non-endemic areas.
- Itraconazole was the most common anti-fungal agent used.
- All cause mortality rate was 10.8%, were as 27 cases (72.9%) improved at median follow-up of 6 months.
- Intergroup analysis of proven and probable cases revealed that females (p=0.001), being from non-endemic areas (p=0.009), requiring in-patient care (p=0.001), leucocytosis (p=0.043), absence of skin & oral mucosal findings (p=0.002), simultaneous alternate diagnosis (p=0.039) and death (p=0.039) were significantly higher in probable group.

**Conclusion**

- This study emphasises that histoplasmosis is an under-recognised entity in India.
- Histoplasma antigenuria does help in making the diagnosis easily but should be used with caution in patients belonging to non-endemic area and lacking typical features of histoplasmosis.

**References**