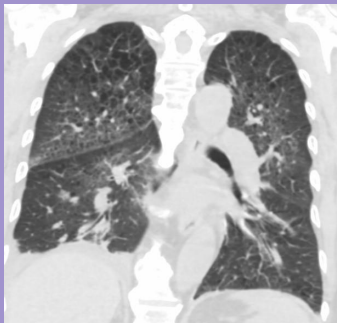
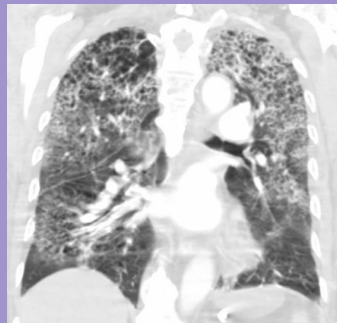


Introduction

- November 2020: >100 COVID-19 cases daily at St. Vincent
- Increased tendency to anchor on COVID-19 due to the pandemic
- Other diseases and disorders remain prevalent in our society



CT Chest 6 months prior demonstrating some emphysematous changes



CT Chest on admission showing diffuse bilateral ground glass opacities

Discussion

- Follicular lymphoma - 5% of hematological neoplasms
- Disseminated histoplasmosis - 0.05% of acute infections
- Immunosuppression can lead to rare diagnoses resembling as common condition
- High mortality in untreated histoplasmosis
- Early detection is critical to reduce morbidity and mortality

Patient Case

- 83 year old Philippino male presents with acute hypoxic respiratory failure
- PMH: tobacco use, recent pulmonary adenocarcinoma, recent pancreatic mass status post distal pancreatectomy with splenectomy
- COVID-19 positive six days prior
- Oxygen saturations 79% on room air, requiring 4L supplemental oxygen
- Treated as COVID-19 pneumonia
- Day 4: Clinical status and oxygenation improving
- Splenic pathology resulted: Grade 3A Follicular Lymphoma and Necrotizing Granulomas consistent with Histoplasmosis
- Histoplasmosis treatment initiated
- Day 6: Stable and saturating on room air
- Oncological diagnoses were followed up outpatient

Conclusion

- COVID-19 is not the only etiology of respiratory failure during the pandemic
- Imperative for physicians to develop broad differential diagnosis
- Reassess differential diagnoses when patients do not respond to standard of care

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