

## Histoplasma Duboisii of an Ogoja Man Treated Among the Ibos in a Developing Community

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### Abstract

During postgraduate training at the Liverpool School of Tropical Medicine and Hygiene, Professor Maegraith drew attention to an important question. It was the geographical question of “Where do you come from?” Incidentally, this is reminiscent of a Biblical question with that crispness. Indeed, the stress is on migration not only within a country but also outside it. Therefore, this paper brings up this question with reference to a foreigner found ultimately to be suffering from the grandly named *Histoplasma duboisii* when away from his own homeland.

**Keywords:** Disease; Capital city; Enugu; Original hometown; Ogoja man; Foreigner; *Histoplasma duboisii*

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### Introduction

One interesting question, which arose in the Holy Bible, concerned the Book of Joshua, Chapter 8 Verses 8, with reference to foreigners being encountered [1]. It ran thus: “who are you, and where do you come from?” Incidentally, during Postgraduate Training at the Liverpool School of Tropical Medicine, Professor Maegraith harped on it, stressing on the importance of the geographical epidemiology of diseases [2]. This came to mind when a man of the Ogoja ethnic group consulted us at the Ibo ethnic group’s hospital [3], which had the grand name of Haile Selassie 1 Institute of Orthopaedic, Ophthalmic and Plastic Surgery. It was functioning in 1975, when this particular case surfaced. It is now worthy of documentation.

### Case Report

OJ, a 27-year-old man of the Ogoja Ethnic Group, attended the Haile Selassie 1 Institute of Orthopaedic, Ophthalmic and Plastic Surgery, Enugu, where Dr Eneanya was consulted. The complaint was of an abscess in the lower third of the sternum. It had been there since 2 months. Also, there was a discharging sinus. Accordingly, several small, irregular, whitish, firm fragments were biopsied, a few of them being bony. On microscopy of the soft parts, there were granulomas in which foreign body giant cells abounded. There were also refractile and large yeasts both within and outside these giant cells. Hence, the lesion was confirmed as Histoplasmosis of the African type, the organism being classically named as *Histoplasma duboisii*.

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## Discussion

This picture was the same as that which manifested mainly among young Ibo patients. These were earlier published together with an Indian parasitologist [4]. Nowadays, it is to be noted also that single bones have suffered it. The examples are in respect of the femur [5], and the radius [6].

An important aspect is multiplicity also. In the Central African Republic [7], sternoclavicular joints, humerus, ribs, face, scalp, thorax and lymph nodes were involved. From our own country, Nigeria [9], "multiple osteomyelitis" turned out to be due to *Histoplasma duboisii*, the treatment with Fluconazole being successful.

## Conclusion

Immigration is an increasingly important aspect in keeping with one question, namely, "Where do you come from?" In this context, regarding the first diagnosed case in Brazil [9], Angola was the home country. The skin of the right retro auricular area was the only site of involvement, while the diagnosis was established by direct mycologic examination.

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