DISCUSSION

This case demonstrates two unusual characteristics of acute histoplasmosis. One is the finding of endobronchial periadenitis of the involved adjacent lymph nodes. Typically, the appearance of the endobronchial anatomy in pulmonary histoplasmosis offers little diagnostic value. More than 90 percent of patients undergoing bronchoscopy during the course of acute histoplasmosis have a normal bronchial tree and the rest show evidence of bronchitis. Broncholititsis, presumably from prior histoplasmosis, has been well documented in the medical literature. Almost all broncholiths are thought to originate as peribronchial lymph nodes that subsequently erode into a bronchus. Most acute lymphadenitis of the hilar and mediastinal lymph nodes heals without sequelae, although subsequent scarring can lead to bronchial obstruction from extensive encasement.

The second unusual finding in this case is the atypical lesions in the liver and spleen. Histoplasmosis is believed to be widely disseminated throughout the reticuloendothelial system after short-term exposure. Pathologic specimens frequently reveal caseating granulomas or more commonly small calcifications that are the residue of the acute granulomas. The large, noncalcified lesions in this patient probably represent a hyperreactive reaction to the fungus. It should also be of note that spontaneous healing of these lesions would have occurred in time; we believe that amphotericin B therapy speeded the process.

REFERENCES

3 Goodwin RA. Histoplasmosis in normal hosts. Medicine 1981; 60:231-65

Accelerated Idioventricular Rhythm in Three Newborn Infants With Congenital Heart Disease*

Masao Nakagawa, M.D., Takao Yoshihara, M.D.; Atsuko Matsumura, M.D.; Touru Fusuoka, M.D.; and Kenji Hamaoka, M.D.

Accelerated idioventricular rhythm was observed in three newborn infants with congenital heart disease. This ventricular arrhythmia in all of our patients did not alter the clinical features of the congenital heart disease, and it disappeared at the ages of 84 days, 40 days, and 45 days, respectively. This arrhythmia is generally considered to be benign, which also appears to be the case with the newborn infant with congenital heart disease. (Chest 1993; 104:322-23)

AIVR = accelerated idioventricular rhythm; PVB = premature ventricular beat; VSD = ventricular septal defect

*From the Department of Pediatrics, Kyoto Prefectural University of Medicine, Kyoto, Japan.
Reprint requests: Dr. Nakagawa, Department of Pediatrics, Shiga University, Medical Sciences, Tsukinowa-cho, Seto, Otsu, Shiga 520-21, Japan

Accelerated Idioventricular Rhythm in Newborns (Nakagawa et al)
FIGURE 1. Electrocardiogram from case 1 recorded at the time of hospital admission demonstrates AIVR with rate similar to sinus rhythm.

DISCUSSION

Accelerated idioventricular rhythm was defined by Davidson1 in 1976 as having about the same rate as the underlying sinus rhythm, being therefore faster than the expected rate of an idioventricular focus but slower than the usual rate of ventricular tachycardia.

The ventricular arrhythmias in our three patients conform to these definitions.

Although this type of ventricular arrhythmia may occur in hearts with some organic disorder, to our knowledge, no case has been reported in children with congenital heart disease.

All three neonatal patients with AIVR presented herein had congenital heart disease.

In all four neonatal cases reported previously, AIVR was transient and disappeared between 40 days and 7 months of age.2,3 Accelerated idioventricular rhythm in our patients also disappeared during this period.

The ventricular arrhythmia in all of our patients was not observed to alter the clinical features of the congenital heart disease. Accelerated idioventricular rhythm is thought to be benign when it occurs in an adult,3 and it also appears to be benign in the case of newborn infants with congenital heart disease. This could be due to the nearly identical rates of the ventricular rhythm and the sinus rhythm, leaving cardiac output clinically uncompromised.

Accelerated idioventricular rhythm itself is most likely self-limiting. However, because it has not been determined whether this arrhythmia would be benign in infants with severe congenital heart disease, a cautious approach and careful observation are recommended.

REFERENCES

3 Kosugi T, Tamura E, Kitayama T. A case of accelerated idioventricular rhythm (AIVR) seen in an 8 day-old-boy. Acta Neonat Jpn 1984; 20:133