

Authors' reply

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Sir,

Thank you for allowing us to reply to the letter to the editor titled "There is more to the 'intracellular yeasts' than meets the eye." We thank the authors for adding to the differential diagnosis of intracellular yeasts ranging from 2–4 μ . We agree that molecular sequencing may help to accurately diagnose morphologically similar fungi.

However, these advanced methods require sophisticated technology, manpower and money. These advanced tests are not available to all. We diagnosed our patient as histoplasmosis with unusual cutaneous manifestation, based on clinical and histomorphological features. Our patient had a history of proximity to pigeons for a long time. He had prior involvement of adrenal and laryngeal tissues which have been commonly described in histoplasmosis. The patient also responded predictably to itraconazole.

Emergomyces appears to be a new emerging fungus.¹ In comparison to histoplasmosis, it appears to be associated with more immunocompromised status, has more widespread lesions and though morphologically characterized by intracellular yeasts measuring from 2–4 μ , it does not have a peri-yeast halo as described in histoplasmosis.²

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Conflicts of interest

There are no conflicts of interest.

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