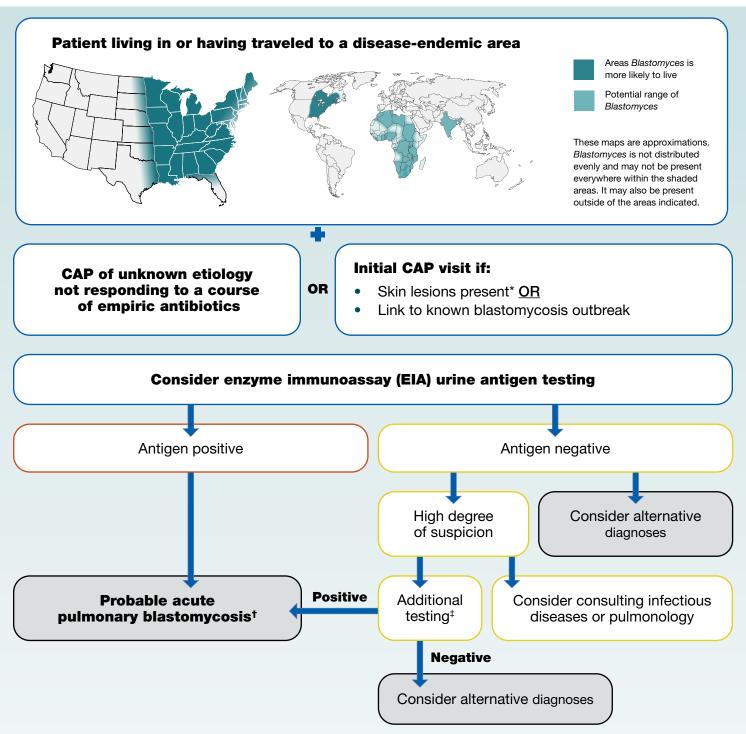
Community-Acquired Pneumonia (CAP) When to Think Fungus: Blastomycosis

Accessible version: https://www.cdc.gov/fungal/diseases/blastomycosis/diagnosticalgorithms



- * Skin lesions could be indicative of late disease or traumatic inoculation rather than acute pulmonary blastomycosis.
- † Blastomyces antigen tests have extensive cross-reactivity with Histoplasma. However, both infections are typically treated in a similar manner for most clinical manifestations.
- * Sputum or bronchoalveolar lavage (BAL) culture and microscopy; skin biopsy (if lesion exists) for histopathology; or serologic antibody tests. Evaluation of other non-pulmonary manifestations in the bone, genitourinary tract, and central nervous system may be helpful in diagnosis.



Test	Sensitivity	Specificity	Population studied
Antibody tests			
Complement fixation (CF) antibody ^{13,15,16}	9%–57%	30%–100%	Adult populations, outbreak settings
Immunodiffusion (ID) antibody ^{8,13–17}	28%–65%	100%	Adult populations, outbreak settings
Antigen tests			
EIA urine antigen ⁸⁻¹²	76%–93%	High (but does cross-react with <i>Histoplasma</i>)	Adult populations
EIA serum antigen ^{8–12}	56%-82%	High (but does cross-react with <i>Histoplasma</i>)	Adult populations
Other tests			
Histopathology ¹⁸	81%	100%	Adult populations
Cytology ^{8,18}	38%–97%	100%	Adult populations, pregnancy