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Title

Beyond Endemic Boundaries: Recurrent Pleurisy Reveals Pulmonary Blastomycosis

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Case Presentation

A 24-year-old immunocompetent woman presented to a West Coast clinic with acute right-sided pleuritic chest pain and a small unilateral pleural effusion without consolidation. Symptoms improved but recurred two months later with contralateral pleurisy and trace bilateral effusions on CT. Thromboembolic, rheumatologic, and routine infectious workups were unrevealing. She had traveled to rural Virginia three months prior. Urine *Blastomyces* antigen was positive while serum antigen was negative. Brain MRI was normal despite fatigue and cognitive symptoms. Itraconazole led to rapid and sustained symptom resolution.

Discussion

Blastomycosis is classically associated with the Mississippi and Ohio River valleys and Great Lakes region; however, national incidence has more than doubled over the past decade, with increasing diagnoses outside historical endemic areas. Median diagnostic delay approaches four months, and many patients receive multiple antibiotic courses before recognition. Pleural effusions are uncommon in pulmonary blastomycosis and may obscure diagnosis. This case highlights how geographic assumptions and low suspicion in non-endemic settings delay recognition.

Conclusions

Recurrent pleurisy with unexplained effusion should prompt consideration of endemic mycoses regardless of practice location. Travel history remains a high-yield diagnostic tool in an era of expanding fungal epidemiology.