

## Recognition, Evaluation and Management of *Coccidioidomycosis* (Valley Fever)

### Just Remember **C-O-C-C-I**

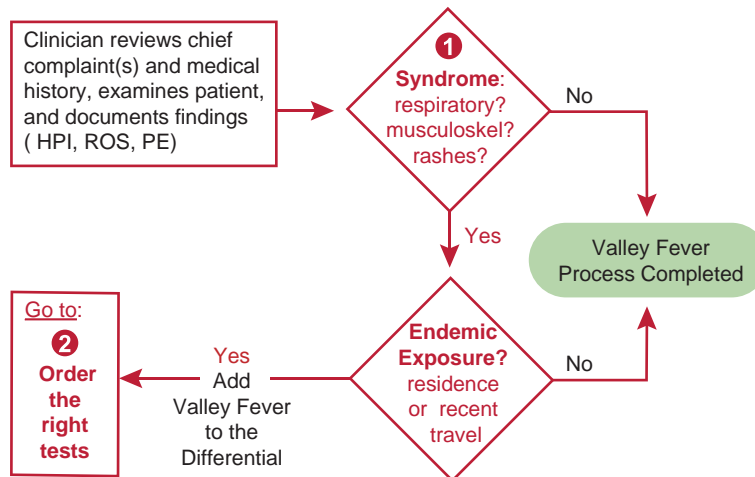
#### RECOGNITION

**C**

#### 1 Consider the diagnosis

Respiratory: Previous visit, needs X-ray or antibacterial Rx?  
Musc/Skel: More than one week, associated with fever or fatigue.

Rashes: *E. nodosum* or *E. multiforme*

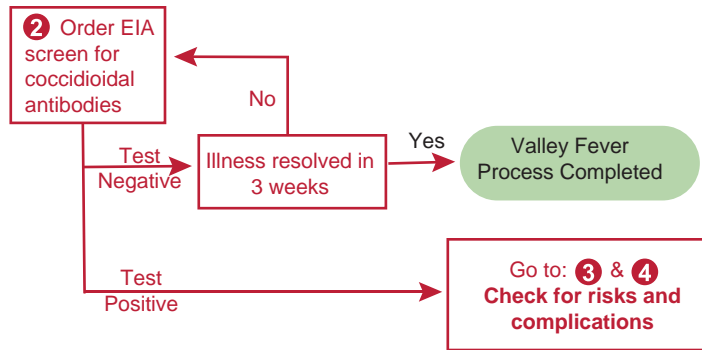


## RECOGNITION *continued*

**O**

### 2 Order the right tests

EIA screen for coccidioidal antibodies with reflex to immunodiffusion and quantitative CF.



## EVALUATION

**C**

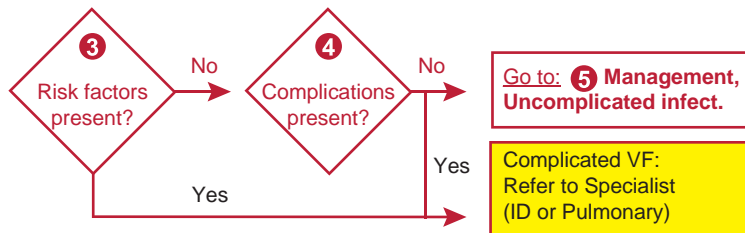
### 3 Check for Risk Factors

Immunosuppression (HIV, organ recipient, Rheum/GI/Derm response modifier Rx, renal failure)  
Diabetes, major cardiac or pulmonary comorbidities, pregnancy

**C**

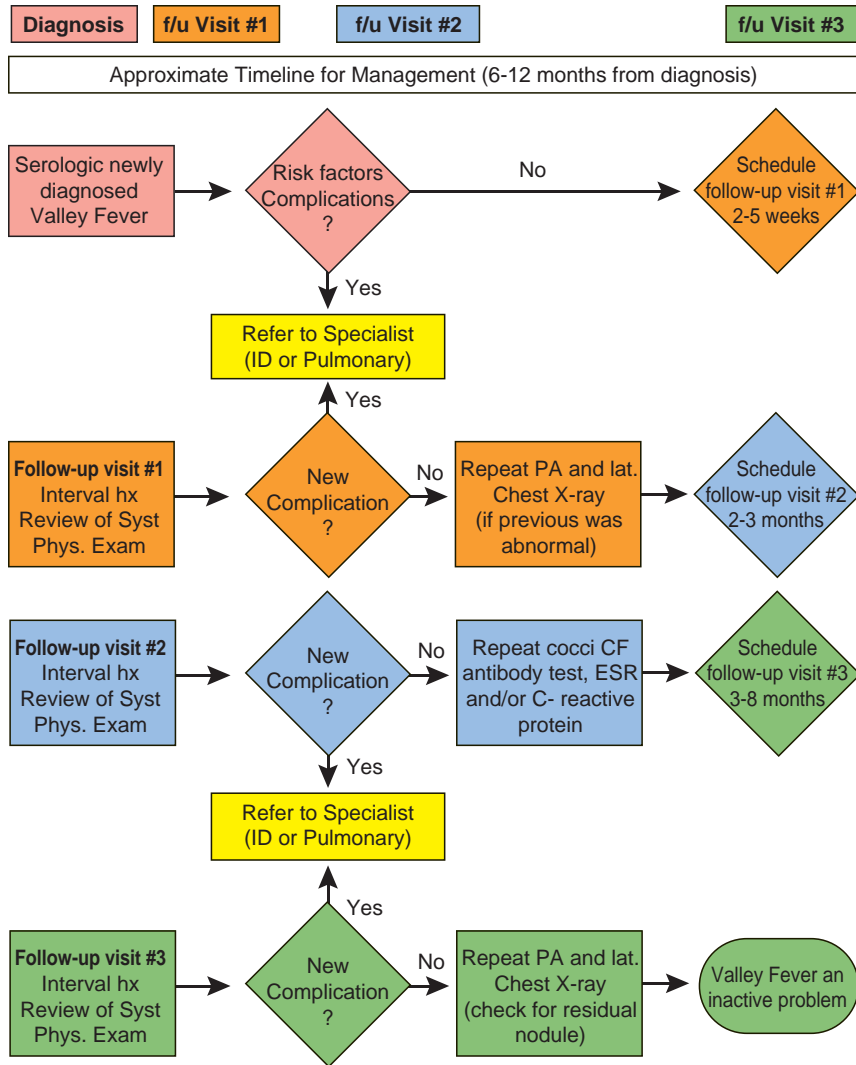
### 4 Check for complications evident by physical exam or imaging

Focal ulceration or skin/soft tissue inflammation.  
Asymmetric skeletal pain, joint effusions.  
Progressive or unusual headache.



## MANAGEMENT

### 5 Initiate Management, Uncomplicated VF



**Health education for the patient and family:**

General review of what is Valley fever: How you get it, typical symptoms, overall prognosis, need for follow-up  
Patient leaflets

**Purpose of follow-up visits:**

Monitor resolution of weight loss, fever, night-sweats, respiratory signs and symptoms, rashes and musculoskeletal complaints.  
Repeat ESR and/or C-reactive protein until normalized.  
Look for new signs or symptoms of focal inflammation suggestive of developing dissemination (uncommon but very serious).  
Repeat serology and chest X-rays

**Antifungal Therapy:**

Highly individualized because of the lack of clinical studies. See Tutorial booklet for a discussion  
If used, typically fluconazole 400 mg/day for 3-6 months.

**Residual fatigue syndrome:**

Very common, often for many weeks or even many months but eventually self-resolving. Recent evidence suggest it is due to an oxygen-utilization deficit, measured as a reduced VO<sub>2</sub> peak during cardio-pulmonary exercise testing (CPET).

**Management**

Explain that this is common and not a symptom of a progressive destructive process

Treat with reconditioning plan, possibly with referral to physical therapy