Splendore-Hoeppli phenomenon (SHP), term first coined by Splendore in 1908 and later in 1932 by Hoeppli, is a relatively rare finding that refers to the presence of eosinophilic material, mainly seen with H&E staining, surrounding structures composed of aggregated microorganisms such as bacteria (e.g., Actinomyces, Nocardia, and bacteria associated to Botryomycosis), fungi (e.g., Aspergillus, Blastomyces, Candida, etc.), parasites (e.g., Schistosoma, Strongyloides, Filaria, etc.), inert bodies (e.g., surgical sutures), and also certain cellular structures (e.g., allergic granulomas). SHP is usually associated with chronic granulomatous inflammatory reactions and areas with tissue necrosis that may affect the skin, mucosae, and internal organs. Although the exact nature of this phenomenon is unknown, the most probable explanation is that the enveloping eosinophilic material is composed of protein deposits resulting from an antigen-antibody reaction together with debris from inflammatory cells (lymphocytes, eosinophils, and histocytes) in the vicinity, and adopting different configurations such as a layer (like a ring) of variable thickness and uniform appearance that forms a radiating star-like or club-shaped projections.

The SHP is usually observed in histological sections, although its presence in cytological samples has been rarely described. Descriptions about this phenomenon around microorganisms in pulmonary samples are also scarce in the literature. Herein, we report the case of a 67 year-old man, with a history of alcoholism and very poor dental hygiene who was admitted to the hospital because of fever, a productive cough, chest pain and asthenia for several months. He was diagnosed with pulmonary actinomycosis by means of a lung CT scan (Figure 1) and a transbronchial fine needle aspiration (FNA) in which some structures compatible with "sulfur granules" were observed (Figure 2). The specimen culture was positive for Actinomyces israelli. The cell block from the FNA, stained with Gram stain contained numerous Gram-positive bacilli (Figure 3), and with the H&E stain were observed sulfur granules associated with the SHP (Figure 4).

Learning point: "If you see this phenomenon to think of an infection such as actinomycosis. It should be an alert to order bug stains."
CONFLICT OF INTEREST
The authors no conflict of interest.

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