Lobomycosis is a chronic mycosis with lesions restricted to the skin and the subcutaneous cellular tissue. It is an endemic disease in the intertropical zone over the Equatorial Americas, and most registered cases are found in the Brazilian Amazon. Two autochthonous cases have been reported in South Africa. The disease often affects male adult patients. Dolphins have been diagnosed with an identical clinical condition. Its etiologic agent, *Lacazia loboi*, has not yet been cultivated. Keloid-like lesions are typical, generally affecting the upper and lower extremities and auricular pavilions. Lesions in other areas, such as the thorax of the patient in this report (Figure 1), are less frequently found. Diagnosis is accomplished through clinical findings and presence of the fungus in histopathologic (Figures 2 and 3) or cytological examination. Localized lesions may be treated with electrocoagulation, surgical exeresis, and cryotherapy. Disseminated lesions may be treated with Itraconazole or combination therapy with Clofazimine. There is still no curative therapy for disseminated lesions of lobomycosis.

Keywords: Bacterial infections and mycoses; Fungi; Mycoses
with electrocoagulation, cryotherapy or surgical exeresis. 1-3 Itraconazole and/or clofazimine can be used for disseminated lesions. 8 However, there is still no curative therapy for these cases. 1

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