Subcutaneous phaeohyphomycosis *

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Abstract: This report shows images of a case of subcutaneous phaeohyphomycosis caused by Exophiala jeanselmei in a patient who has undergone renal transplantation. The paper comments briefly on the disease and emphasizes the need to take this mycosis into account in the differential diagnosis of other dermatoses, including non-infectious dermatoses.

Keywords: Exophiala; Kidney transplant; Mycoses

Phaeohyphomycosis was a nomenclature proposed by Ajello in 1975 1 and later modified by McGinnis in 1983 2. The term phaeohyphomycosis defines the diseases caused by fungi growing in the infected tissue as irregular septate brownish hyphae and/or toruloid hyphae, as well as fungal elements with germination (Figure 1). The term should not substitute well-established diseases such as tinea nigra, black piedra or chromomycosis. 3 Cases most often present as cutaneous, subcutaneous or systemic skin abscesses and may affect immunologically competent or incompetent individuals. The most common form of presentation is the subcutaneous type, which should form part of the differential diagnosis of several dermatoses including tumoral forms. In the case presented here, the lesion resembles a mycetoma or epidermoid carcinoma (Figure 2). The most common etiological agents are the Exophiala species (Figure

Figure 1: Tumoral skin lesion localized on the right plantar fascia. Phaeohyphomycosis

Figure 2: Direct mycological examination showing irregular septate brownish hyphae and toruloid hyphae. Phaeohyphomycosis. Fragment of skin. KOH 20% in DMSO. Magnification 40x

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Due to the diversity of the etiological agents, hosts and forms of clinical presentation, treatment remains difficult. When the lesion is subcutaneous and well localized, complete surgical removal of the lesion is recommended (Figure 4). If necessary, broad-spectrum antifungal medication may be used, although care must be taken with immunodepressed patients in the case of possible side effects and drug interactions.

REFERENCES


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