Rhinosporidiosis is an infectious mucocutaneous disease caused by Rhinosporidium seeberi. It usually affects the naso-oropharynx, occasionally affecting the conjunctiva and the lacrimal sac, and sporadically, the urethra, genitalia, larynx, paranasal sinuses and the skin (Figures 1 and 2). Cases of rhinosporidiosis have been reported in the Americas, Europe, Africa and Asia, with high prevalence in India and Sri Lanka. It is endemic in the western region of northeastern Brazil. It occurs by inoculation of spores present in stagnant water or dust from fields. It is more common in men, especially affecting the nose. Eye infection is more prevalent in women. The histology and/or cytology performed after fine needle aspiration

Figure 1: A nine-year-old mulatto male patient from the state of Maranhao presenting a sessile tumor with an irregular, friable, erythematous, moriform surface with white dots and a diameter of 0.8 cm in the medial epicanthus of the left eye. The lesion had been present for three months. Surgical removal and electrocoagulation were performed.
FNAC serve to confirm the diagnosis (Figures 3 and 4A).

The first reference was credited to Malbran (1896). Guilhermo Seeber (1900) reported the causative agent and classified it as a protozoan from the Coccidioidaceae family. A phylogenetic analysis classified it as belonging to the group DRIPs (Dermocystidium, rosette agent, Ichthyophorus, and Psorospermium), an aquatic protistan parasite (Figure 4B).

References

How to cite this article: Como citar este artigo: Vallarelli AFA, Rosa SP, Souza EM. Rhinosporidiosis - cutaneous manifestation. An Bras Dermatol. 2011;86(4):795-6.