Molluscum-like lesions in a patient with sporotrichosis

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Abstract: Sporotrichosis is a subcutaneous fungal infection caused by *Sporothrix schenckii* and acquired by direct inoculation. Although the majority of cases consist of the classic lymphocutaneous presentation, the frequency of atypical and severe clinical forms of the disease has increased progressively. Systemic and disseminated cutaneous sporotrichosis constitute rare variants and such cases are generally associated with cellular immunodeficiency or debilitated states. The present paper describes the first published case of molluscum-like lesions in disseminated mucocutaneous sporotrichosis. Direct mycological examination and histopathology revealed numerous yeast cells.

Keywords: Itraconazole; Mycoses; Molluscum contagiosum; Sporotrichosis

Lesões molusco-símiles em paciente com esporotriose

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Resumo: Esporotricose é uma infecção fúngica subcutânea, adquirida por inoculação direta, causada pelo *Sporothrix schenckii*. Embora a apresentação clássica linfocutânea represente a maioria dos casos, as formas clínicas atípicas e graves têm aumentado em ocorrência. Esporotricose sistêmica e esporotricose cutânea disseminada são variantes raras, usualmente associadas à imunodeficiência celular ou a estados debilitantes. Relatamos o primeiro caso na literatura de lesões moluscos-símiles em esporotricose cutâneo-mucosa múltipla. Os exames micológico direto e histopatológico apresentavam-se ricos em células leveduriformes.

Palavras-chave: Esporotricose; Itraconazol; Micoses; Molusco contagioso

The increased incidence of sporotrichosis in Brazil has led to a rise in the number of cases involving unusual sites, lesions that are morphologically different from the classic types, and to generalization and systematization of the involvement of *Sporothrix schenckii*. This report describes a 52-year old male patient with a history of alcoholic hepatopathy. He reported myalgia, nighttime fever and sweating over the previous three months, as well as a weight loss of 23 kilos. Thirty days previously, he noted an erythematous papule on his left thigh that subsequently ulcerated, with rapid dissemination of lesions to the rest of his body. Dermatological examination revealed papules, nodules and ulcerations with honey-colored crusts and raised borders over his entire body (Figure 1). Molluscum-like lesions were found on his face and cervical region, sialorrhea and ulcerations on the tonsillar pillars and nasal mucosa (Figure 2). Direct mycological examination showed numerous yeast cells. Histopathology showed chronic granulomatous der-
matitis and numerous cigar-shaped and club-shaped forms (Figures 3 and 4). *Sporothrix schenckii* was identified in the culture of a skin fragment and in the nasal mucosa, while micromorphology showed pyriform microconidia arranged in flower-like clusters. Serology for human immunodeficiency virus (HIV), hepatitis B and C and VDRL were negative. Laboratory investigation showed no evidence of systemic involvement and the findings were compatible with disseminated mucocutaneous sporotrichosis. Treatment was initiated with amphotericin B for 10 days but was discontinued due to refractory hypokalemia. Treatment was then initiated with itraconazole 400 mg/day for 40 days; however, recrudescence of the condition occurred and amphotericin B was reinstated for another 10 days; nevertheless, the patient died. This is the first case described in the literature of sporotrichosis with molluscum-like lesions.
REFERENCES


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