

Lacaziosis - unusual clinical presentation^{*}

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Abstract: Lacaziosis or Jorge Lobo's disease is a fungal, granulomatous, chronic infectious disease caused by *Lacazia loboi*, which usually affects the skin and subcutaneous tissue. It is characterized by slow evolution and a variety of cutaneous manifestations with the most common clinical expression being nodular keloid lesions that predominate in exposed areas. We report the case of a patient who had an unusual clinical presentation, with a single-plated lesion on the back. Histopathological examination confirmed the diagnosis of Lacaziosis.

Keywords: Fungi; Lobomycosis; Mycoses

A thirty-four year old female patient, working as a maid and coming from Manaus/Amazon reported the appearance of a lesion in the dorsal area two years before. Physical exam showed an infiltrated, erythematous-violaceous plate, with soft consistency, located in the left superior dorsal area and measuring approximately 6.0 x 4.5 cm (Figure 1).

Histopathological examination of the sample obtained by incisional biopsy evidenced rectified epidermis and granulomatous infiltration on the dermis, containing spherical, double-walled structures, which appeared either isolated or grouped in chains compatible with *Lacazia loboi* (Figure 2).

The lesion was surgically excised and oral itraconazole 200 mg 12/12h was prescribed next. The patient evolved in a satisfactory manner, with good esthetical results and no signs of recurrence.



FIGURE 1:
Erythematous-violaceous infiltrated plate, with soft consistency

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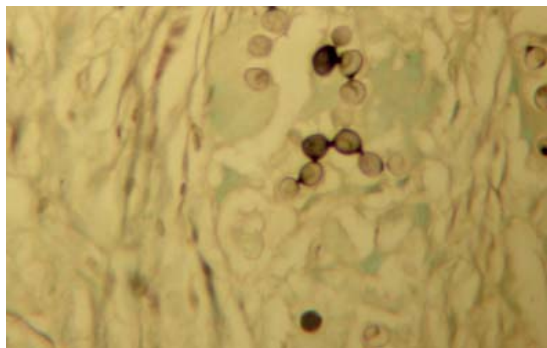


FIGURE 2: Grocott 400x. Fungi arranged in chains are best seen through silver staining

DISCUSSION

Lacaziosis is a disease that has low prevalence rates but significant morbidity for the patients.¹

It usually affects adult male patients living in the Amazonic areas of South America.^{2,3} Lesions often

appear after trauma in exposed areas, especially in the face and limbs.^{4,5} Due to the highly polymorphic characteristic of the lesions, it is necessary to establish differential diagnoses with several other dermatoses.⁶ In the case reported here, the lesion was not keloidiform and was located in a mainly covered region (dorsal area).

Surgery represents, until now, the best therapeutic choice particularly for isolated lesions.⁷ In order to prevent recurrence, treatment with clofazimine, dapsone or itraconazole must be prescribed.⁵

We emphasize the importance of considering differential diagnoses for this type of lacaziosis' clinical presentation, especially in geographic areas where the disease coexists with leprosy. □

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