

Images in Infectious Diseases

Assorted copper pennies on a scar – a case of chromoblastomycosis after knee transplant

Gopikrishnan Anjaneyan^[1] , Radhika Krishna^[1]  and Jyotsna Yesodharan^[2] 

[1]. Amrita Institute of Medical Sciences, Department of Dermatology, Amrita Vishwa Vidyapeetham, Kochi, India.

[2]. Amrita Institute of Medical Sciences, Department of Pathology, Amrita Vishwa Vidyapeetham, Kochi, India.

A 44-year-old man who had undergone renal transplantation and on immunosuppressants (tacrolimus) presented with asymptomatic thick hyperpigmented lesions over the right knee for one month (**Figure 1**). He underwent knee transplant surgery 1.5 months back, after which the lesions started and progressively increased in size. Local examination revealed multiple well-defined skin-colored to hyperpigmented verrucous plaques and nodules with superficial crusts over the right knee at the scar site. Skin scraping with 10% potassium hydroxide (KOH) showed multiple round thick-walled brownish budding bodies resembling different morphologies of copper pennies (also known as sclerotic/muriform/medlar bodies) (**Figure 2**). An incision biopsy of the lesion showed pseudoepitheliomatous hyperplasia with dermal suppurative granulomas and copper penny bodies, suggestive of chromoblastomycosis (**Figure 3**). After discussion with the treating nephrologist, he was started on treatment with itraconazole 100 mg twice daily along with cryotherapy¹, following which the lesions started to improve, and he is currently undergoing regular follow-up.

Chromoblastomycosis, a chronic subcutaneous fungal infection, is caused by pigmented fungi such as *Phialophora verrucosa*, *Fonsecaea pedrosoi*, *Fonsecaea compacta*, and *Cladophialophora carrionii*². Combined histopathological and mycological diagnosis, including a KOH smear, is a highly sensitive approach³. An interesting feature noted in our case was the various unique morphologies of the copper pennies identified on the KOH smear. This highlights that a simple and inexpensive office procedure can allow timely diagnosis and early treatment of this subcutaneous mycosis, thereby preventing subsequent complications.



FIGURE 1: Multiple verrucous plaques with crusting over knee transplant surgery scar.

Corresponding author: Dr. Gopikrishnan Anjaneyan. **e-mail:** drgopikrishnana@gmail.com

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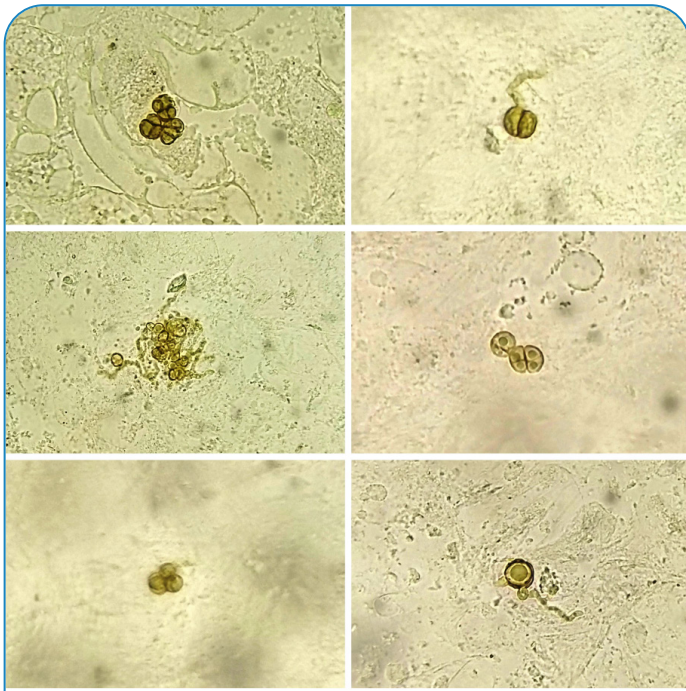


FIGURE 2: Various morphologies of copper pennies on KOH smear.

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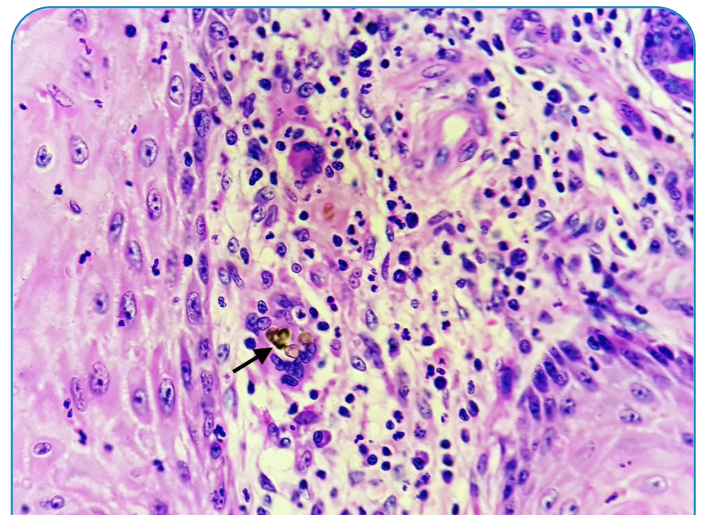


FIGURE 3: Histopathology showing copper penny bodies of chromoblastomycosis (Hematoxylin & Eosin, 400x).

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