Lobomycosis

Lobomicose

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Abstract: A case of lobomycosis in a patient from the Brazilian Amazon region is presented. Lobomycosis is a subcutaneous mycosis caused by the yeast Lacazia loboi. It often affects adult males and has been reported in dolphins. Therapeutical options for localized lesions, such as the ones shown by the patient in this report, are eletrocoagulation, surgical exeresis, and cryotherapy. Disseminated lesions may be treated with Itraconazole or combination therapy with Clofazimine. There is still no curative therapy for disseminated lesions of lobomycosis.
Keywords: Bacterial infections and mycoses; Fungi; Mycoses

Resumo: Caso de lobomicose em paciente procedente da região amazônica brasileira. Essa micose subcutânea, causada pela levedura Lacazia loboi, acomete, frequentemente, homens adultos e foi também diagnosticada em golfinhos. O tratamento depende da apresentação clínica: eletrocoagulação, exérese cirúrgica e crioterapia são opções terapêuticas para as lesões localizadas, como a do paciente relatado, enquanto itraconazol e clofazimina, isolados ou em associação, podem ser empregados para lesões disseminadas. Até o presente, não há tratamento adequado para os casos com lesões disseminadas.
Palavras-chave: Fungos; Infecções bacterianas e micoses; Micoses

Lobomycosis is a chronic mycosis with lesions restricted to the skin and the subcutaneous cellular tissue. [1] It is an endemic disease in the intertropical zone over the Equatorial Americas, and most registered cases are found in the Brazilian Amazon.[2,3] Two autochthonous cases have been reported in South Africa.[4] The disease often affects male adult patients. Dolphins have been diagnosed with an identical clinical condition. [5] Its etiologic agent, *Lacazia loboi*, has not yet been cultivated. [6] Keloid-like lesions are typical, generally affecting the upper and lower extremities and auricular pavilions. Lesions in other areas, such as the thorax of the patient in this report (Figure 1), are less frequently found.[1-3] Diagnosis is accomplished through clinical findings and presence of the fungus in histopathologic (Figures 2 and 3) or cytological examination. [1,2,7] Localized lesions may be treated

FIGURE 1: Male patient with brownish papular and tuberous lesions, smooth, isolated and confluent, forming plaques, localized in his right hemithorax

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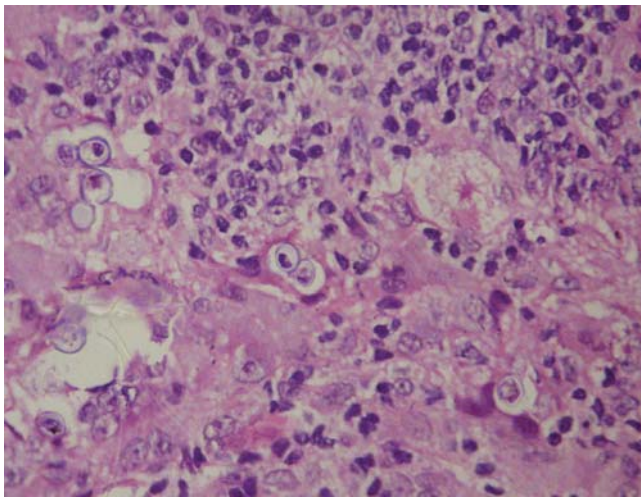

Figure 2: Histopathologic examination shows foamy histiocytes and round structures, with double-contour walls, isolated and grouped in chains. The presence of asteroid corpuscle is observed (hematoxylin and eosin staining, 200x)

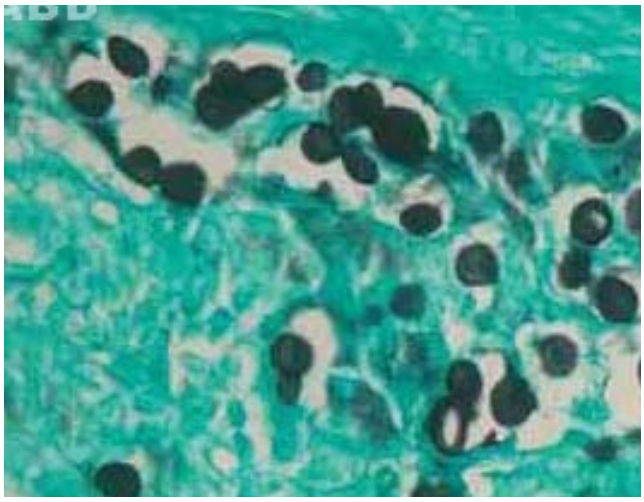

Figure 3: Silver staining revealed numerous parasites of the same size, isolated and with linking (catenular) disposition. Occasionally, they were lemon-shaped. (Grocott, 400x)

with eletrocoagulation, cryotherapy or surgical exeresis.[1-3] Itraconazole and/or clofazimine can be used for disseminated lesions.[8] However, there is still no curative therapy for these cases. [1]

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