Subcutaneous phaeohyphomycosis *

Feoifomicose subcutânea

Rosane Orofino Costa [1]

Abstract: This report shows images of a case of subcutaneous phaeohyphomycosis caused by Exophiala jeanselmei in a patient who has undergone renal transplantation. The paper comments briefly on the disease and emphasizes the need to take this mycosis into account in the differential diagnosis of other dermatoses, including non-infectious dermatoses.
Keywords: Exophiala; Kidney transplant; Mycoses

Resumo: São apresentadas imagens ilustrativas de um caso de feoifomicose subcutânea causada pela *Exophiala jeanselmei* num paciente transplantado renal. Breves comentários sobre a doença encontram-se no texto. Ressalta-se a necessidade de essa micose entrar no diagnóstico diferencial de outras dermatoses, inclusive as não infecciosas.
Palavras-chave: Exophiala; Micoses; Transplante de rim

Phaeohyphomycosis was a nomenclature proposed by Ajello in 1975 [1] and later modified by McGinnis in 1983 [2]. The term phaeohyphomycosis defines the diseases caused by fungi growing in the infected tissue as irregular septate brownish hyphae and/or toruloid hyphae, as well as fungal elements with germination (Figure 1). The term should not substitute well-established diseases such as tinea nigra, black piedra or chromomycosis. [3] Cases most often present as cutaneous, subcutaneous or systemic skin abscesses and may affect immunologically competent or incompetent individuals. The most common form of presentation is the subcutaneous type, which should form part of the differential diagnosis of several dermatoses including tumoral forms. In the case presented here, the lesion resembles a mycetoma or epidermoid carcinoma (Figure 2). The most common etiological agents are the *Exophiala* species (Figure

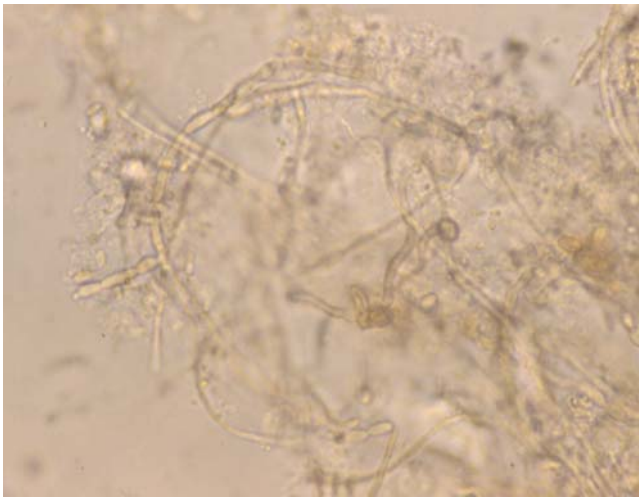

Figure 1: Tumoral skin lesion localized on the right plantar fascia. Phaeohyphomycosis

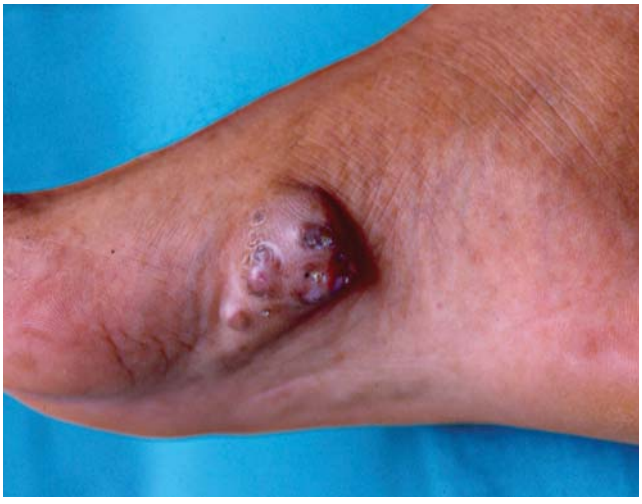

Figure 2: Direct mycological examination showing irregular septate brownish hyphae and toruloid hyphae. Phaeohyphomycosis. Fragment of skin. KOH 20% in DMSO. Magnification 40x

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3). [4] Due to the diversity of the etiological agents, hosts and forms of clinical presentation, treatment remains difficult. When the lesion is subcutaneous and well localized, complete surgical removal of the lesion is recommended (Figure 4). If necessary, broad-spectrum antifungal medication may be used, although care must be taken with immunodepressed patients in the case of possible side effects and drug interactions. [5] ❑

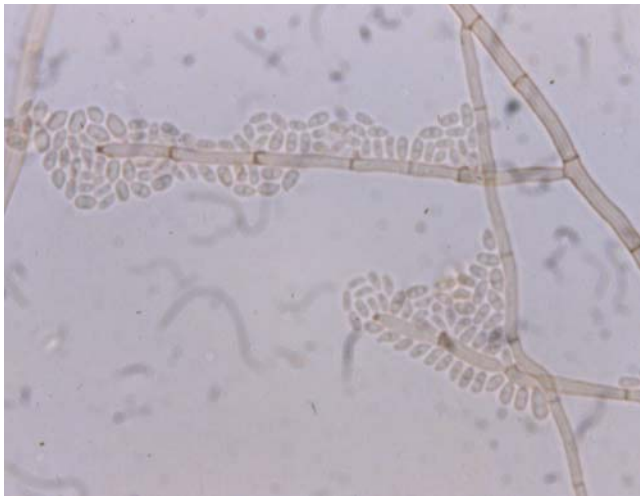

Figure 3: Micromorphological examination of the colony of Exophiala jeanselmei. Septate brownish hyphae bearing conidiogenous (annelids) cells giving origin to oval conidia in clusters. Phaeohyphomycosis. Lactophenol. Magnification 100x

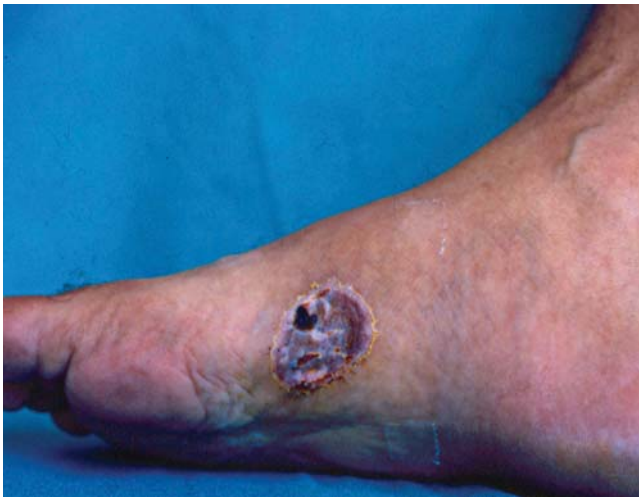

Figure 4: Successful treatment of phaeohyphomycosis with complete surgical removal and graft replacement

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