

Images in Infectious Diseases

Cutaneous sporotrichosis after contact with a domestic cat

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A 38-year-old woman and a 12-year-old girl were admitted to the health service center with erythematous, ulcerated cutaneous nodules. According to the patients, the lesions developed after contact with the family's domestic cat. Initially, a single painless erythematous nodule measuring approximately 2 cm in diameter was observed (**Figure 1-A**). Cutaneous nodules were noted on the neck, arms, and legs. These nodules had a multifocal distribution, irregular borders, and ulcerated centers (**Figure 1-B and C**).

No lymphadenopathy was observed. Skin scrapings were used for cytological evaluation of the nodules, and the slides were stained with Romanowsky's rapid stain. Microscopically, small organisms, 3 to 5 µm in diameter, elongated, or cigar-shaped to oval, consistent with *Sporothrix* spp., were identified. The domestic cat had a focal ulcer on the right thoracic limb, and a diagnosis of cutaneous sporotrichosis was also established by cytological analysis (**Figure 1-D**). Treatment for both patients consisted of oral itraconazole (100 mg, once daily, initially for 45 days), oral saturated solution of potassium iodide, and a combination of amoxicillin and clavulanate (20 mg/kg, twice daily, for 7 days). Complete remission of the cutaneous lesions was observed approximately 180 days after starting the treatment.

Cat-human contact is steadily increasing, underscoring the importance of domestic felines in the transmission of human sporotrichosis^{1,2}. Human sporotrichosis is classified based on clinical features, and most affected patients are diagnosed with the lymphocutaneous form^{3,4}. Diagnosis is established by integrating clinical history, lesion characteristics, and laboratory confirmation.

AUTHOR'S CONTRIBUTION

JSL: Writing—original draft, Data curation, Editing, and Original draft preparation; ICS: Writing—review, Editing, and Original draft

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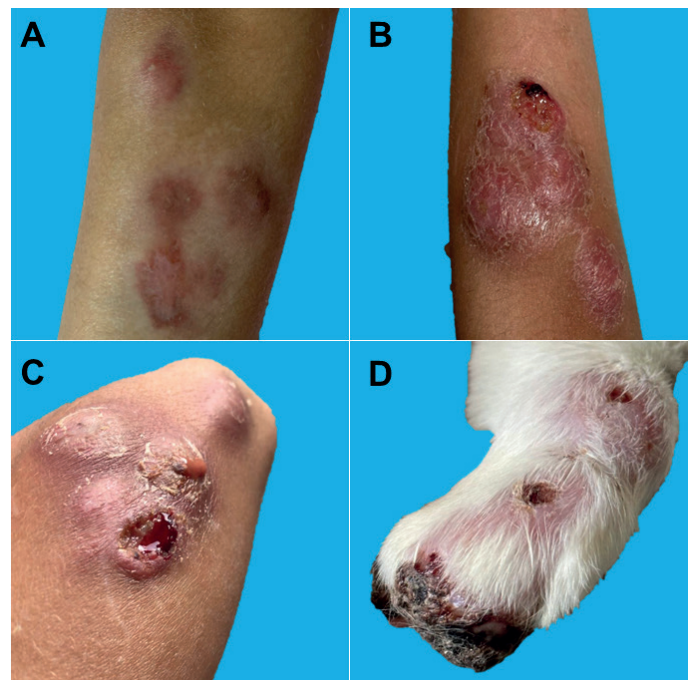


FIGURE 1: (A): Early erythematous nodular lesion before ulceration. (B): Ulcerated cutaneous nodules with irregular borders affecting the girl's upper limb, and (C): the mother's lower limb. (D): An ulcerative lesion was observed on the right thoracic limb of the domestic cat associated with these cases.

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REFERENCES

1. Davies C, Troy GC. Deep mycotic infections in cats. J Am Anim Hosp Assoc. 1996; 32(5):380-91. Available from: <https://doi.org/10.5326/15473317-32-5-380>.

2. Rossow JA, Queiroz-Telles F, Caceres DH, Beer KD, Jackson BR, Pereira JG, et al. A One Health Approach to Combatting *Sporothrix brasiliensis*: Narrative Review of an Emerging Zoonotic Fungal Pathogen in South America. J Fungi (Basel). 2020;6(4):1-26. Available from: <https://doi.org/10.3390/jof6040247>.
3. Orofino-Costa R, Macedo PM, Rodrigues AM, Bernardes-Engemann AR. Sporotrichosis: an update on epidemiology, etiopathogenesis, laboratory and clinical therapeutics. An Bras Dermatol. 2017;92(5):606-20. Available from: <https://doi.org/10.1590/abd1806-4841.2017279>
4. Martins EB, Durães SMB, Teixeira JÁ, Vilte RMV, Klitzke AS, Dos Santos TB, et al. Severe form of lymphocutaneous sporotrichosis: a case report. Rev Inst Med Trop Sao Paulo. 2023; 65(e41):1-5. Available from: <https://doi.org/10.1590/S1678-9946202365041>.