

## WHAT IS YOUR DIAGNOSIS ?

Twenty-eight year old male patient was admitted with a history of progressive hardening of the skin of the left thigh for 2 years. It started as a small area of thickening on the posterior aspect of the left thigh and gradually spread.



Examination revealed that skin of the left thigh was uniformly thickened and slightly tender. Margins were well defined. Small islands of normal skin were present on the posterior aspect. There were no other positive findings.

### Differential diagnosis :

1. Chronic Cellulitis
2. Scleredema adultorum
3. Subcutaneous (S. C.)  
Phycomycosis

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S. C. Phycomycosis is a rare deep fungal infection reported in our country. It is known to occur in most tropical countries of the world. A very characteristic feature of the lesion is the sharp demarcation which facilitate the lesion to be almost lifted from the underlying muscle fascia. The lesion is usually asymptomatic. It can produce gross enlargement of the affected region. One of the characteristic histological features of the fungus is its easy identification in the H & E section owing to the presence of the pink staining envelope around the hollow tube like structure. This type of histology is considered to be even diagnostic of the condition.

The relatively asymptomatic skin coloured well defined indurated lesion was clinically characteristic of S. C. Phycomycosis. Biopsy from the edge of the lesions confirmed the clinical diagnosis by revealing thin walled tube like hyphae with an envelope of eosinophilic amorphous material in a stroma composed of many eosinophils, neutrophils, fibroblasts and thick capillaries. The fungi were easily identified in H & E section. Culture of a portion of the involved skin identified the etiological agent to be *Basidiobolus haplosporus*.

**Final diagnosis :** S. C. Phycomycosis