CHROMOBLASTOMYCOSIS

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Summary

A case of Chromoblastomycosis presenting as a chronic painless subcutaneous solitary nodule is presented. Though it is known to produce eosinophilic pattern of blood picture, our case had normal blood picture.

Chromoblastomycosis, rather a rare mycotic lesion in India was first reported by Thomas et al[1] in 1957. Later, a few sporadic cases have been reported by Klokke et al[2] in 1964, Bhaktaviziam et al[3] in 1970 and Sivaramakrishna Naidu et al[4] in 1972. So far to our knowledge no cases of Chromoblastomycosis have been reported in Mysore State and hence this case report.

On January 30, 1973, a 43 year old agriculturist from Kerala entered the surgical out patient department of our hospital for the complaint of a painless, slow growing swelling over the posterior aspect of his right elbow joint of two years duration. He denied the history of trauma or thorn prick at any time.

Clinically it was a solitary non-inflammatory hemispherical swelling of about 3.5 cms. diameter, situated over the olecranon process of the right ulna. It was a well circumscribed, subcutaneous swelling of smooth surface, firm consistency and restricted mobility due to its tethering over the triceps tendon. The skin over the swelling was stretched and healthy. There was no punctum and the transillumination test was negative. Elbow joint movements did not show any changes in the swelling.

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Investigations

Hb. 10G.%, W.B.C. 7900/Cu mm., D.C. P_{68}, E_2, L_{30}, – VDRL – Negative.

Urinalysis and the X-ray of the elbow did not reveal any abnormality. Provisionally it was diagnosed as a fibroma or a tense ganglion and was enucleated under axillary block.

Post operatively the sutures were removed on the 6th day. There was primary wound healing. After knowing the histopathology the patient has been asked to come for follow-up at regular intervals.

Pathology

Gross specimen measured 2 x 1 x 0.5 cms. and was oval in shape, brown in colour with scattered areas of yellowish discolouration over the surface.

Microscopically, there was granulomatous reaction with dense areas of hyalinisation. The cellular infiltrate was composed of lymphocytes, a few plasma cells, epithelioid cells and foreign body giant cells. The infiltrate was seen in focal dense aggregates. The characteristic tissue phase of fungus i.e. dark septate bodies as well as round to oval shaped brown bodies were also seen (Figs. 1 and 2).

Fig. 1

Shows granulomatous reaction with areas of hyalinisation scattered septate and round forms of the fungus

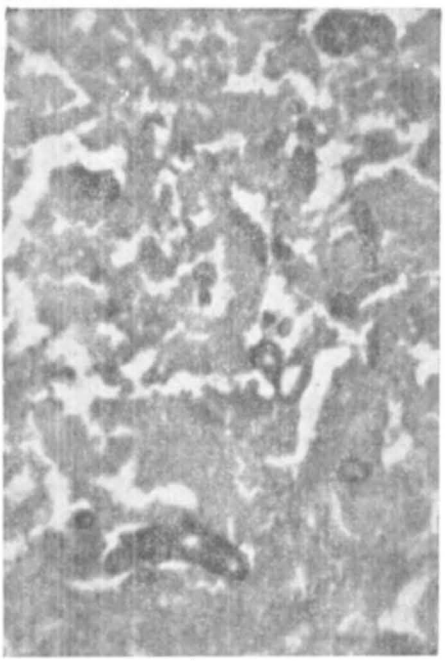

Fig. 2

The rounded and septate forms of the fungus shown in higher magnification.

Discussion

Chromoblastomycosis is known to present as multicentric crusted lesions or papules with or without ulceration. The case presented had an isolated solitary subcutaneous nodule of more than two years duration. In view of the rarity of the disease in India and more so in Mysore State and the unusual presentation of a solitary subcutaneous nodule, clinical diagnosis of Chromoblastomycosis was made difficult preoperatively. Bhaktaviziam et al[3] and Sivaramakrishna Naidu et al[4] have reported eosinophilia in these cases which was not encountered in our case. The culture studies would have yielded information regarding the exact nature of the causative fungus but since preoperatively this condition was not thought of we could not carry out the culture of this fungus.

Acknowledgments

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