LOCALISED CUTANEOUS BLASTOMYCOSIS: RESPONSE TO FLUCONAZOLE

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A case of atypical cutaneous blastomycosis is reported. Patient responded to oral fluconazole 200 mg per day given for 9 months.

Key Words: Cutaneous blastomycosis, Fluconazole

Introduction

Blastomycosis is a chronic granulomatous and suppurative mycosis caused by *Blastomyces dermatitidis*. Primarily it involves the pulmonary tissue but secondary dissemination is found in skin, bones and central nervous system. The primary cutaneous blastomycosis is seen in farmers with rural background and laboratory workers.[1] In our country blastomycosis like pyoderma was reported in past[2] but not primary cutaneous blastomycosis. We are reporting a case of atypical localised cutaneous blastomycosis.

Case Report

A 45-year-old man presented with grouped nodules with hard background over right side of loin for about one and a half years. Patient gave history of vague pain at the site of lesion at the begining and then he gradually developed pinkish soft nodules which were painless and non-itchy. There was history of discharge of pus off and on but no discharge of black, yellow or green granules. Gradually the site of lesion became hard. He was given local and systemic antibiotics by the practitioners without any relief. He was a smoker, nonalcoholic, vegetarian and farmer by profession. There was no history of cough, fever, weight loss, or constitutional symptoms.

General examination revealed no abnormality. Examination of nervous system, cardiovascular system, respiratory system, and bones showed no defect. Liver and spleen were not palpable.

Examination of the skin at the affected site showed ill-defined, indurated, nontender, erythematous, plaque over right side of lower back. Plaque was studded with numerous soft pink nodules of 2-10 mm size (Fig.1). There was little homogenous discharge from the nodules. There was no enlargement of regional lymph nodes. Routine haematological investigations were

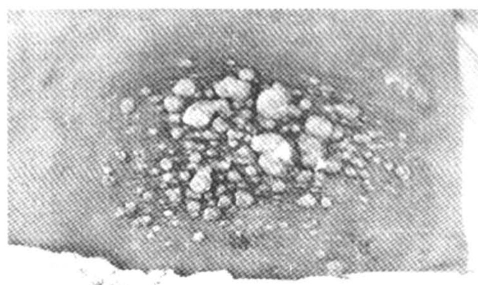

Fig. 1. Indurated plaque studded with numerous nodules.

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within normal limits. Urine examination was normal. X-ray chest and of long bones were normal. CT scan was normal. Pus was sterile on bacterial culture. KOH mount of the scrapings from nodules showed rounded refractile bodies. Fungus culture on Sabouraud's media showed colonies of blastomycosis. Histopathological section showed basophilic homogenous masses surrounded by inflammatory cells with giant cell reaction. Caseation was not seen (Fig.2).

Fig. 2. Histopathological features of the lesion.

Patient was treated with oral fluconazole 200 mg per day for 9 months. There was dramatic regression of the lesion in 12 weeks. Fungus culture became negative at the end of 12 weeks. Complete healing took place in 9 months (Fig.3). Pitted-scarring remained after complete healing. No side effect was reported by the patient with fluconazole.

Discussion

The reported case has the clinical

Fig. 3. Healing of the lesions after fluconzole 200 mg daily given for 9 months.

picture of cutaneous form of disseminated blastomycosis which was confirmed by KOH mount and histopathological examination but with no evidence of pulmonary, CNS and bone involvement. The clinical, mycological and histopathological findings ruled out paracoccidioidomycosis or mycetoma. Patient responded to fluconazole as reported in the past also.[3] As per our knowledge, this is the first case of primary cutaneous blastomycosis reported from India.

References

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