

SUBCUTANEOUS PHYCOMYCOSIS

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A case of subcutaneous phycomycosis of gluteal region in a 10-year-old boy clinically diagnosed as fibrosarcoma is presented for its rarity. Histopathology revealed broad, thin walled, faintly eosinophilic hyphae with occasional septae, inside the giant cells as well as extracellularly in a background of chronic granulomatous inflammation. Special stains like Gomori's methenamine silver, periodic acid Schiff and Masson's trichrome, highlighted the hyphae.

Key words: Subcutaneous phycomycosis, Deep mycosis

Introduction

The phycomycosis include infections caused by species of *absidia*, *mucor*, *rhizopus*, *mortierella* and by *Basidiobolus haptosporus*, *Entomophthora coronata* and *Hyphomyces destruens*.¹ Subcutaneous phycomycosis is a rare, chronic self-limiting fungal infection of the Indonesian children, with occasional reports from India.¹

Most of the patients are male children, under 15 years of age. The lesion begins as a small subcutaneous nodule that gradually increases in size to become extensive over a period of months or years. Frequently involved areas are trunk, buttocks and limbs. Lesions are painless and ulceration of overlying skin is uncommon.^{1,2}

Case Report

A 10-year-old boy, was admitted with

complaint of a gradually increasing swelling over the buttock of 15 days duration. Past history revealed that two years ago, he had a swelling at the same site, which regressed after local therapy.

His general, physical and systemic examination and routine laboratory investigations were normal. Local examination showed a swelling on the left buttock, 9x8 cm with well-defined borders, soft to firm consistency and slightly restricted mobility. The swelling was completely excised.

Excision biopsy specimen had a grey white homogenous, nodular cut surface (Fig 1). Underlying muscle was free. Histopathology showed normal skin with subcutaneous tissue consisting of a chronic granulomatous inflammation with many giant cells, lymphocytes, a few eosinophils and neutrophils. On careful examination, non branching, broad thin walled faintly eosinophilic hyphae with occasional septae were seen in the tissues as well as within the giant cells. These hyphae stained positively

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with Gomori's methenamine silver, Masson's trichrome and faintly with periodic acidSchiff stain.

Discussion

Definitive diagnosis of subcutaneous

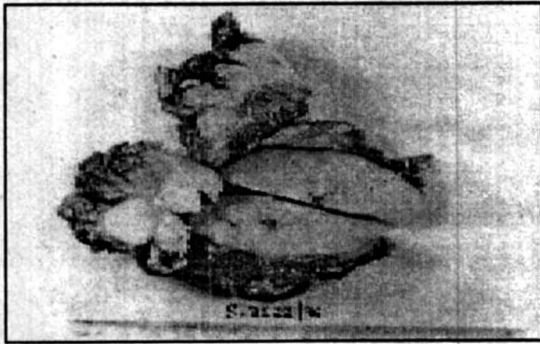


Fig 1. Grey white nodular mass

phycomycosis can be made on histopathological study. The clinical and histopathologic features of skin lesion in our patient were

characteristic of basidiobolus infection.¹ The possibility of mucormycosis was ruled out by the following differentiating features:

Infections with basidiobolus are subcutaneous and painless, overlying skin remains intact, and vessel involvement and thrombosis are absent. Patients are in good general health and nutrition, unlike those affected by mucormycosis.

Exact mode of infection is not known. The fungus is found in rotting vegetation in the soil. Though the lesions may resolve spontaneously after several months, potassium iodide is the therapeutic drug of choice.²

References

1. Burkitt DP, Wilson AMM, Jelliffe DB. Subcutaneous phycomycosis: A review of 31 cases seen in Uganda. *Br Med J* 1969;1:1669-1672.
2. Scholtens RE, Harrison SM. Subcutaneous phycomycosis. *Trop Geogr Med* 1994;46:371-373.

IMPORTANT INFORMATION

It has come to the notice of Election Officer of IADVL that many a time, the ballot papers do not reach the members. As all the ballot papers are despatched under postal certificate, the problem seems to lie as incorrect postal address of the members. Hence, the members are requested to check their postal address either with their State Secretary or National Hony. General Secretary and get it corrected if wrongly recorded. This is to be done as early as possible since after 31st of March, the new Electoral Register with latest adresograph is prepared.

Please note there is no provision for issuing a duplicate ballot paper.

Dr. R.P Okhandiar

Election Officer
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