

CASE REPORTS

CHROMOBLASTOMYCOSIS RESEMBLING SPOROTRICHOSIS

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A-21-year old man presented with multiple noduloulcerative lesions in a linear form resembling sporotrichosis. Histopathology showed the fungal bodies suggestive of chromoblastomycosis and the patient responded to potassium iodide therapy.

Key Words : Chromoblastomycosis, Sporotrichosis

Introduction

Chromoblastomycosis can sometimes spread through superficial lymphatics. We report a case of chromoblastomycosis that clinically resembled sporotrichosis.

Case Report

A 21-year-old man working in Punjab presented with multiple discrete smooth soft nodules distributed in a linear form on the dorsum of the right hand and forearm of 1 year duration (Fig. 1). There was no history of trauma. The initial lesions started on the radial aspect of the right index finger. Successive nodules appeared in a linear form one after the other within an interval of 1 to 2.5 months. Some nodules showed central crusting. The regional lymph nodes were not enlarged and there were no constitutional symptoms.

Slit skin smear did not show any fungal elements or Leishmann bodies. Fungal culture did not yield any growth.



Fig. 1 : Noduloulcerative lesions

Biopsy of the lesion showed irregular acanthosis of the epidermis. Dermis showed dense infiltrate of lymphocytes and a few epitheloid cells. Brownish thick-walled spherical bodies with a split-pea appearance were seen in the infiltrate suggesting chromoblastomycosis.

The patient was treated with a concentrated solution of potassium iodide in a dose of 3 drops thrice daily to start with and increased by one drop daily. After 2 weeks the patient showed dramatic response with decrease in the size of the lesions. After 4 weeks all lesions flattened and healed with slight atrophic scarring.

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Comments

Multiple discrete nodules starting on the finger and appearing on the proximal part successively in a linear form responding promptly to potassium iodide is suggestive of primary cutaneous sporotrichosis. We could not demonstrate the organism of *Sporothrix schenckii* and the demonstration of brownish spherical bodies with split-pea appearance in histopathology was in favour of a diagnosis of chromoblastomycosis.

Potassium iodide is also effective in chromoblastomycosis. Chromoblastomycosis can spread through superficial lymphatics and cause such lesions.² Our case could be due to this type of spread through lymphatics.

References

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