Case for diagnosis
*Caso para diagnóstico*

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HISTORY OF THE DISEASE

Forty-year-old male patient, rural worker, living in the rural area of Afonso Cláudio, ES.

Sought the dermatology department due to joint pain and parestesias in extremities, besides a lesion in the left lower limb, with four months of evolution, and a few inflammatory episodes. In his past medical history there was a multibacillary multidrug therapy for dimorphic Hansen’s disease during 12 months, having been discharged in 2001. Since then, he had episodes of types I and II hansenic reaction. In order to treat them, he made continuous use of thalidomide and prednisone, with or without medical follow-up, and, currently, of 20 mg oral prednisone.

Upon dermatological examination, a yellowish nodular-cystic lesion with some crusts was found, surrounded by a brownish-erithematous halo, on the inner surface of the left leg (Figure 1).

An aspiration of the lesion content was carried out, with a yellowish secretion that underwent direct mycological examination with 20% KOH, in which dematiaceous and septated hyphae were observed (Figure 2).

Surgical exeresis with grafting was programmed, and a steroid withdrawal scheme was initiated, with control of hansenic neuropathy.

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Conflict of interest: None

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Abstract: We report a patient suffering from dimorphic Hansen’s disease who has self medicated his neuropathy with oral corticosteroid for a long time. A yellowish, nodular-cystic lesion partially topped with crusting, surrounded by a brownish red halo, was noted on the inner aspect of his left leg. Direct mycological examination confirmed the hypothesis of pheohyphomycosis.

Keywords: Cladosporium; Exophiala; Iatrogenic disease; Mycoses

Comments

Initial clinical hypotheses were those of infected epidermal cyst and subcutaneous pheohyphomycosis. The latter was confirmed by means of direct mycological examination of lesion secretion. Colony macromorphology, obtained under room temperature in agar Sabouraud culture medium, exhibited a black leaven-like aspect, with a white cottonous area on the surface. Micromorphology of the colony identified the fungus Exophiala jeanselmei.

Pheohyphomycosis is the term used to designate cutaneous and systemic diseases caused by dematiaceous fungi, which present in tissues as leaven cells, pseudohyphae and dematiaceous hyphae. Incidence of this disease has been increasing importantly over the last few years. It is suspected that one of the reasons for such increase is iatrogenic immunosupression.

Mycosis is often an opportunistic infection, occurring in weakened patients, bearing chronic diseases, diabetes, leukemia, and other immunosuppressed, even though in many reported cases there is no evidence for an immunodepression.

Over 100 species have been identified as causing the disease. Among the most common etiological factors, are Exophiala jeanselmei and Wangiella dermatitidis.

Clinical forms are twofold: subcutaneous and systemic. Subcutaneous form happens in consequen-
REFERENCES


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The "What is your Diagnosis?" section aims to present clinical cases in which the final diagnosis is questionable. If you have an article that fits this section, please contribute to the Anais Brasileiros de Dermatologia by sending it to us, our address is:

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