

Paracoccidioidomycosis in a patient with cervical cancer *

Paracoccidioidomicose em paciente com carcinoma do colo uterino

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Abstract: This report describes the case of a female patient with paracoccidioidomycosis associated with a stage IIIB cervical carcinoma. Paracoccidioidomycosis in association with a malignant tumor occurs in 0.16% to 14.1% of cases in accordance with different case series. In cases in which the cancer is disseminated, the fungal infection may behave opportunistically.

Keywords: Carcinoma; Mycosis; Paracoccidioidomycosis; Uterine cervical neoplasms

Resumo: Os autores relatam caso de paciente do sexo feminino com paracoccidioidomicose, associada a carcinoma do colo uterino estágio IIIB. Paracoccidioidomicose, associada à neoplasia, ocorre entre 0,16% a 14,1% segundo diferentes séries de casos. Em casos com neoplasia disseminada a infecção fúngica pode apresentar comportamento oportunístico.

Palavras-chave: Carcinoma; Micoses; Neoplasias do colo do útero; Paracoccidioidomicose

A 41-year old female cleaner from Igaracu do Tietê in the state of São Paulo, who had previously lived in a rural area of the same region, was being followed up for a stage IIIB cervical carcinoma. At the time the patient was seen at the dermatology department, she had been undergoing radiotherapy and reported the appearance of a skin lesion three months previously, coinciding with clinical deterioration of her primary disease. Examination revealed a single ulcerated, non-exudative lesion with a granular base and hemorrhagic spots, infiltrated borders and a mildly erythematous halo, measuring 3.0 cm in diameter and situated on the lateral surface of her left arm (Figures 1 and 2). The clinical hypotheses were paracoccidioidomycosis and leishmaniasis.

Anatomopathological examination confirmed diagnosis of paracoccidioidomycosis following a finding of typical multiple budding cells. This was corroborated by positivity for the specific serological test and because of the interstitial pattern of the associated pulmonary involvement (Figures 3 and 4). Progression was determined by the primary disease and the patient died one month after diagnosis of the fungal infection.

Paracoccidioidomycosis is a systemic infection that involves the skin in 31.2% to 54.2% of cases. ^{1,2} Paracoccidioidomycosis associated with malignancy is reported to occur in 0.16% to 14.1% of cases (mean 3.96%), the most commonly associated malignancy being carcinoma. ³ Compared to *Histoplasma capsu-*

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FIGURE 1:
Paracoccidioidomycosis. An ulcerated lesion in the deltoid region



FIGURE 2:
Paracoccidioidomycosis. Detail of an ulcerated lesion with granulations, hemorrhagic spots and infiltrated border

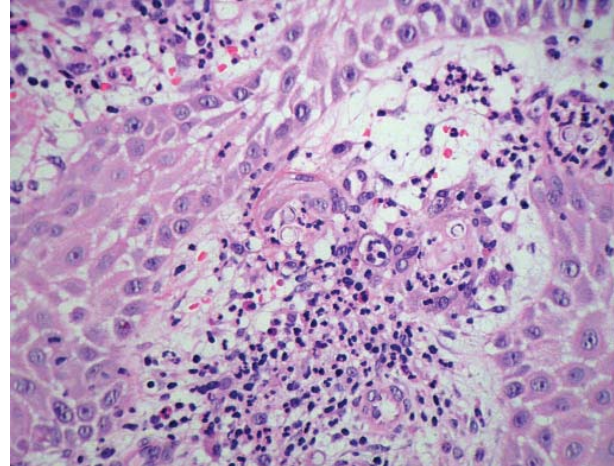


FIGURE 3: Detail of a micro-abscess in the dermal papillae containing lymphocytes, neutrophils and giant cells with fungal cells inside the cytoplasm. Hematoxylin-eosin; magnification 400x

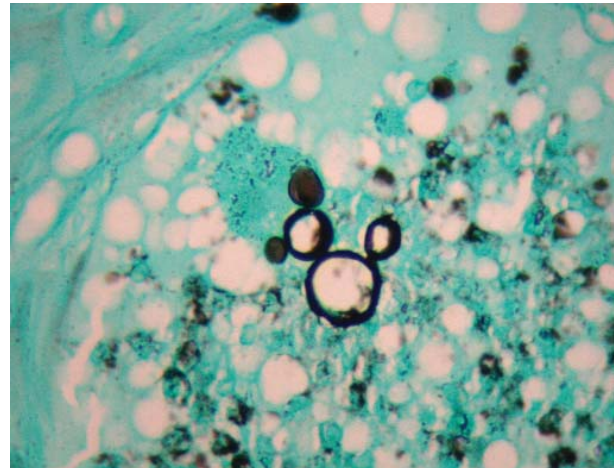


FIGURE 4: Multiple budding of *Paracoccidioides brasiliensis*. Methenamine silver stain. Magnification 1000x

latum and even *Sporothrix schenckii*, *Paracoccidioides brasiliensis* does not fit the profile of an opportunistic fungus; however, in endemic

countries, it would be no surprise to find its diagnosis associated with a clinical status of immunosuppression.^{4,5} □

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