



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

A CASE OF RHEUMATOID ARTHRITIS PATIENT WITH DISSEMINATED TALAROMYCES MARNEFFEI INFECTION

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Background: *Talaromyces* (*Penicillium*) *marneffei* is an important pathogenic thermally dimorphic fungus causing systemic mycosis in Southeast Asia. Bamboo rats and soil from their burrows were important enzootic and environmental reservoirs of *T. marneffei*, respectively. Historically, *T. marneffei* infection in human has been considered to be exclusively associated with acquired immunodeficiency syndrome (AIDS).

Observation: A 67-yr female patient was admitted to the hospital because of “multiple erythema and swelling in the extremities with severe pain for more than 20 days”. She has a history of rheumatoid arthritis for more than 20 years. One year ago she was diagnosed as RA -related brain disease and peripheral nerve damage, and treated with long-term high doses of glucocorticoid and immunosuppressive agents. She lives in nursing homes for a long time. Physical examination on administration showed multiple edematous red spotted rash on the right side of the neck, the left upper arm, and the right lower arm. The tenderness is obvious, with high skin temperature and scattered ecchymosis on the limbs. Lab tests revealed that WBC was 10300/ul, 92.7% neutrophils; CRP was 31.6 mg/L and PCT and G/GM test were negative. NAP score 225, positive rate 95%. Left upper arm MRI scan showed that the soft tissue is obviously swollen. *Marneffei* was found in tissue and blood culture, and skin biopsy. Final diagnosis was made as disseminated *T. marneffei* infection. But patient died soon after diagnosed.

Key message: The higher case-fatality rate of *T. marneffei* infection in non-HIV-infected than HIV-infected patients might be related to delayed diagnosis due to the lack of clinical suspicion. Correction of the underlying immune defects and early use of antifungals are important treatment strategies. Clinicians should be familiar with the changing epidemiology and clinical management of *T. marneffei* infection among non-HIV-infected patients.

