



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

## **A RARE CASE OF TALAROMYCES MARNEFFEI INFECTION OF RHEUMATOID ARTHRITIS PATIENT IN NON-EPIDEMIC AREA**

*Xin Dang<sup>(1)</sup> - Hao Cheng<sup>(1)</sup> - Xinhua Zhang<sup>(1)</sup> - Yongmei Han<sup>(1)</sup>*

*Sir Run Run Shaw Hospital, Dermatology, China<sup>(1)</sup>*

**Background:** *Talaromyces marneffei* infection is endemic in South and Southeast Asia. Yet there is now an increasing incidence in non-HIV patients. Here we report a rare case of *T. marneffei* infection in a rheumatoid arthritis patient.

**Observation:** A 67-year-old woman admitted to our hospital with a 20-day fever and skin lesion. She had been prescribed with high doses of glucocorticoid and mycophenolate mofetil for more than 1 year, for his long-term rheumatoid arthritis. She lived in the city of Jiangshan in southeastern China near Shanghai. On admission, the vital signs were as follows: moon-like face, moderate fever and tachycardia. Skin examination revealed diffuse edematous erythema on her right cheek and upper limbs, then gradually spread to the trunk and lower limbs. Lymphocyte subsets showed that extremely low CD4+ count of 71 cells per cubic millimeter and CD8+ count of 29 cells per cubic millimeter. Yet serologic testing was negative for the human immunodeficiency virus(HIV). Serum Galactomannan test for invasive fungus disease was negative. Blood culture and urine culture were performed. Skin biopsy was performed later on. Whereas the symptom and signs worsened with the treatments of linezolid and moxifloxacin. The biopsy specimen obtained from the skin lesion showed numerous round fungal structures in histiocytes and fluorescent staining 5 days later. Fungal identification with 18S rDNA/ITS confirmed the *Talaromyces marneffei* infectio. The biopsied skin tissue culture and blood culture revealed fungal organism growth consistent with *Talaromyces marneffei* over 10 days later. Unfortunately, the patient didn't survived from the therapy with itraconazole and Amphotericin B (AmB) simultaneously.

**Key message:** This is the first report of *T. marneffei* opportunistic infection in rheumatoid arthritis. The mortality rates are lower in HIV infected than uninfected patients as reports saying. Timely diagnosis can help improve the bad prognosis in this infection.

