

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

BASIDIOBOLOMYCOSIS: CAN SOLO THERAPY WITH ITRACONAZOLE GIVE COMPLETE CURE?

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Background: Entomophthoromycosis can be of two types – basidiobolomycosis caused by Basidiobolus ranarum and conidiobolomycosis caused by Conodiobolus coronatus. Among these Basidiobolus usually affects the limb girdle areas of the extremities. It can affect adults as well as children and needs prolonged treatment.

Observation: A 4 years old healthy child presented with complaints of a gradually progressing painful swelling over right elbow since 2 months. There was no history of any preceeding trauma or discharge from the swelling. On examination, a solitary swelling of size 10 cmx8.5 cm was present over the cubital fossa. On palpation, it was woody in consistency and finger insinuation could be done under the growing edge of the swelling from all sides. The swelling was not fixed to the underlying structures. Therefore, a clinical diagnosis of basidiobolomycosis was made. Histopathological evaluation was suggestive of subcutaneous zygomycosis with positive Periodic acid Schiff stain. On fungal culture, furrowed creamy-brown radially folded colonies were seen. Patient was started on syrup Itraconazole 10 mg/ml which lead to complete resolution in three months.

Key message: As this is a relatively rare condition, knowledge about this entity along with clinical examination, specifically positive finger insinuation test can help to achieve accurate diagnosis and prevent unwanted extensive surgical intervention. Further, most of the literature mentions potassium iodide as the treatment of choice with addition of itraconazole as an adjuvant or a replacement with some of the patients needing surgical intervention for the residual lesion. Ours is the first report to the best of our knowledge where itraconazole was used as the solo therapy resulting in complete resolution of the lesion thereby obviating the need of potassium iodide with more side effects and complicated surgical intervention. Therefore itraconazole can be the preferred first line therapy for Basidiobolus ranarum infection.





