



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

CHROMOMYCOSIS; A SERIES OF 25 CASES FROM SOUTH INDIA

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Background: Chromoblastomycosis is a chronic subcutaneous mycosis caused by a variety of dematiaceous fungi. It is a chronic disease with low incidence of complications but its refractoriness to treatment is a matter of concern. This series highlights the various clinical presentations, diagnostic approaches and therapy that we employed in our cases of chromoblastomycosis.

Observation: 25 chromoblastomycosis cases that were diagnosed and treated in Dermatology departments of two tertiary care hospitals (situated one kilometre apart) from South India. Data were retrieved from the medical records that included clinical presentations, diagnostic methods, therapy and outcome of treatment. The disease was predominantly seen in males in the age group of 41-60 years; mostly seen in manual and agricultural laborers. Lesions commonly involved the lower extremities but axilla was affected in two cases. Morphological patterns exhibited by the lesions like psoriasiform, verrucous, lupoid, eczematous plaques and nodules. Potassium hydroxide mounts were positive in all cases. Fungal culture was positive in four cases. Histopathological features included suppurative granulomatous inflammation and the presence of fungal cells. Therapy included pharmacological (oral antifungals), surgical and physical modalities (cryotherapy).

Key message: Chromoblastomycosis is caused by inoculation of causative fungus. Clinically indolent skin lesions of variety of morphology are seen usually over the lower extremities. Diagnosis shall be obtained by direct demonstration of the fungal agent or by histopathology. Isolation of the fungus in culture is not always successful. Therapy with antifungal agents along with cryotherapy gives better outcome.

