



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

CUTANEOUS HYALOPHYPHOMYCOSIS CAUSED BY PAECYLOMYCES LILACINUS IN A PATIENT WITH BOLLOUS PEMPHIGOID.

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Background: Fungal infections are increasingly becoming cause of morbidity and mortality in our population. Beside traditional opportunistic fungi, we should consider emerging pathogens as *Paecilomyces lilacinus* (P.L.), which is a ubiquitous saprophytic, asexual and filamentous fungus highly resistant to many antifungal drugs, especially detected in immunocompromised patients. P.L. exists worldwide, it can be found in soil and air, it's resistant to common sterilizing method. Cutaneous infections caused by P.L. are rare. Hyalohyphomycosis is the term proposed for mycotic infections in which non-pigmented septate fungi are the causative agent.

Observation: A 79-year-old man with bullous pemphigoid and insulin-dependent diabetes, presented with a progressive, tender, erythematous warm and painful, plaque on the dorsal surface of his right hand and wrist. The plaque was well-defined with raised edges and surrounded by multiple pustules. A cutaneous swab detected P.L., while a skin biopsy revealed granulomatous mixed inflammatory infiltrate containing histiocytes. Periodic acid-Schiff (PAS) stain showed septate hyphal elements and spores consistent with the diagnosis of hyalohyphomycosis. Patient started taking Itraconazole but, despite treatment, his clinical status suddenly deteriorated. Even though Voriconazole regimens was initiated, he worsened showing also neurological symptoms. A brain MRI revealed an extra-axial mass; due to his poor general conditions, mass localization and size, surgery was not considered as an option. No further investigations have been done to assess the origin of the mass and the patient died weeks later. We suspected a systemic dissemination of P.L.

Key message: Accurate clinical diagnosis of cutaneous P.L. infection is extremely challenging for dermatologists, physicians should think about it when refractory cellulitis-like lesions are poorly responsive to empiric treatment, in particular in immunocompromised patients. Moreover, in our experience, cerebral infections should be considered due to the resistance of this emerging pathogen to traditional therapy and its tendency for dissemination in the human body.

