



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

DISSEMINATED PHEOHYPHOMYCOSIS IN AN IMMUNOCOMPETENT CHILD

Maggi Ahmed Refat⁽¹⁾ - Marwa Ali⁽²⁾ - Marwa Mohamed⁽³⁾ - Rasha Ismael⁽²⁾ - Ashraf Abdellatif⁽²⁾ - Wafa Mohamed⁽²⁾ - Hanan Assaf⁽²⁾ - Reham Ezz Eldawla⁽²⁾ - Ramadan Saleh⁽²⁾ - Essam Nada⁽²⁾

University Of Massachusetts Medical School, Dermatology, Worcester, United States⁽¹⁾ - Sohag University Hospital, Dermatology, Sohag, Egypt⁽²⁾ - Sohag University Hospital, Dermatology, Sohag, Egypt⁽³⁾

History: A 17-years old male patient referred to our department with multiple swellings over both sides of the neck, diagnosed as enlarged cervical lymph nodes. He was referred to us as histopathological confirmed TB lymphadenitis that antituberculous regimen for six months fail to cure but ended up with clinical worsening. No history suggesting any other system involvement. No past history nor family history of relevant condition. Examination revealed multiple, variable sized, firm, non-tender subcutaneous cysts and indurated plaques disseminated over the face upper and lower limbs with generalized lymphadenopathy.

Laboratory and Radiological Data: CBC showed normocytic normochromic anemia. Normal renal and liver functions tests, negative serology for HIV, HBV, HCV. Elevated ESR: 1st hour: 101 2nd hour: 133. TB QuantiFERON gold and PCR were negative. Panorama of the face showed generalized rarefaction of the facial bones, X-ray of hand and foot showed severe osteomyelitis. 99m Tc MDP dual phase bone scan showed focal area of increased radiotracer uptake at the involved sites.

New biopsies were taken for histopathological evaluation by Hx&E and Periodic Acid Schiff, revealed suppurative granulomas with multinucleated giant cell and significant number of proliferating pigmented septate fungal hyphae. By immunohistochemistry the infiltrate was negative for CD1 and positive for CD68. Culture on Sabouraud agar revealed positive fungal growth. Sub culture of the growth on Botato agar revealed positive growth.

Diagnosis: Exophiala Spinifera phaeohyphomycosis

Immunological workup was done to check the immune competency of the patient, revealing normal level of CD3, CD4, CD8, CD56 and nitroblue test indicating normal T lymphocytes, NK cells and neutrophil functions respectively. Immunoglobulins levels were normal.

Treatment: Itraconazole 400mg, Terbinafine 250 mg and Amphotericin B for 3 weeks





showed significant improvement of cutaneous and bone affection.

