



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

LOCUS MINORIS RESISTENTIAE IN A RENAL TRANSPLANT PATIENT PRESENTING WITH PHAEOPHYCOMYCOSIS AND LATER CHROMOBLASTOMYCOSIS – A RARE, UNIQUE, CLINICAL SCENARIO

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Background: Renal transplant patients are highly vulnerable to deep mycoses, most of which may pose difficulty in diagnosis and therapy. Locus minoris resistentiae (LMR) refers to the phenomenon of vulnerability of a particular site or organ to develop a disease more than the other body sites. Here we report a rare case of a 56 year old renal transplant recipient, who developed 2 black fungi infections namely sub cutaneous phaeohyphomycosis on the left leg which had resolved, only to be followed 3 years later by chromoblastomycosis on the same leg signifying LMR.

Observation: A 56 year old renal transplant recipient of 13 years duration undergoing treatment for subcutaneous phaeohyphomycosis over the left lower limb (on maintenance Tab.Terbinafine 500 mg once daily for 1 year post resolution) , presented with multiple verrucous lesions in contrast to the papulonodular lesions he earlier had over the same leg, since 6 months. Differential diagnosis of chromoblastomycosis and verrucous phaeohyphomycosis were considered. Microscopic examination of the skin scraping from the verrucous lesions in 10% potassium hydroxide (KOH) revealed the presence of sclerotic cells characteristic of chromoblastomycosis and pigmented, septate hyphae and yeast cells with single division, which was a unique observation. Histopathology in H&E and special stains such as PAS and GMS confirmed the presence of sclerotic cells amidst a chronic granulomatous reaction. Fonsecaea monophora was isolated with confirmation by PCR based DNA sequencing targeting ITS region of panfungal genome. Previous infection of phaeohyphomycosis had been confirmed by the presence of pigmented, moniliform hyphae in KOH and histopathology. Phialophora verrucosa had been isolated.

Key message: Occurrence of chromoblastmycosis in the same leg affected earlier by





phaeohyphomycosis illustrates LMR in a renal transplant recipient.

