



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

PARACOCCIDIOIDOMYCOSIS

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The authors present the case of a patient who 6 months ago reported the appearance of a papular-erythematous and painless lesion in the upper oral supralabial region on the left side. At that time he self medicated through the use of various topical corticoid medications without improvement.

The injury was considered as an aesthetic nuisance but it was noted that it began to grow slowly presenting a surface with bloody stitches and well defined and framed peripheral edges. The patient used healing medications and did not get any improvement and then asked for medical help.

The lesion was an oval plate and extended from the medial part of the left nostril to the edge of the upper lip. It had the granulomatous bottom and the presence of a crust that upon being withdrawn bled little in the form of bloody dew. The patient had no other health problems and no other involvement in the epidermis or mucous membranes.

In view of this clinical situation, the hypothesis of paracoccidioidomycosis was made and a biopsy was performed for diagnostic elucidation. The findings confirmed the suspicion, several laboratory and imaging tests were performed and all were normal. Treatment was started with Itraconazole 200mg/day.

Paracoccidioidomycosis is not very prevalent in the region of origin of the patient and may not be remembered because there are other diseases such as leishmaniasis, cutaneous neoplasms and infectious diseases.

The case in question was only diagnosed for lack of therapeutic response, which forced the patient to seek a referral center. The authors report the case in order to alert professionals about this disease that may present a more serious impairment when undiagnosed.

