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

SUCCESSFUL TREATMENT OF CHROMOBLASTOMYCOSIS DUE TO FONSECAEA NUBICA WITH COMBINATION THERAPY OF TERBINAFINE AND INTRALESIONAL INJECTION OF AMPHOTERICIN B

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Background: Chromoblastomycosis (CBM) is difficult to cure. For CBM due to Fonsecaea species, ITZ is the first-line drug recommended. The ITZ cure rates range from 15 to 80%. TBF has been proved to be one of the best therapies with high efficacy, too

Observation: A 60-year-old female matchstickmaker, who suffered a lot for red plaques around her right ankle and lower leg over 12 years, without explicit trauma history. Physical examination revealed the boundaries of these qlaques were clear, with dark spots on the surface of the qlaques. Skin scrapings of the patient revealed brown, round and thick-walled sclerotic bodies. Microscopic examination indicated that the hyphae were regular, melanized, and branched in the apical part. The ITS sequence of the isolate showed 99% identity with CBS 269.64, which is the type strain of F. nubica. A section of skin tissue stained with HE showed hyperkeratosis and parakeratosis, and there was granulomatous inflammation in the superficial to mid-dermis dermal layers. Sclerotic bodies were in the cytoplasm of multinucleated giant cells. Additionally, the isolate was clustered in the F. nubica clade Antifungal susceptibilities against TBF, ITZ, voriconazole (VCZ), amphotericin B (AMB) and caspofungin (CAS) were tested. Antifungal susceptibilities to combinations of drugs were also tested.

Keyword: Chromoblastomycosis; Fonsecaea nubica; Therapy; Terbinafine; Amphotericin B