



TROPICAL DERMATOLOGY

## A CASE REPORT OF JORGE LOBO'S DISEASE IN THE NORTH OF BRAZIL

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**Background:** Jorge Lobo's disease is a rare, fungal, chronic and granulomatous infection. The fungal infiltration it is caused by the *Lacazia lobo* fungus in both cutaneous and subcutaneous tissues and involves the development of keloid nodular lesions, affecting mainly the limbs. The disease was described by the first time in 1931 in Recife (PE), Brazil. There are about 550 cases reported in the literature that predominates in the Amazon. Of these, most of them occurred in Brazil and about 90% of cases have occurred in forest workers.

**Observation:** A 48-year-old male farmer, who had been living in Santana (AP) presented himself at the Reference Center for Tropical Diseases (CRDT) in Macapá (AP) in 1998 with a lesion in the left lower member region. Physical examination revealed a keloidiform node. Due to the lack of exams by that time, his diagnose was clinical and his treatment was empirical with Itraconazol. No surgery was performed because of the risk of relapse. The same patient returned 20 years later, in 2018, to CRDT complaining about the appearance of new nodules, associated with ulceration due to traumatic mechanisms. He was submitted to a new assessment and was finally diagnosed with the histopathological examination, which evidenced a granulomatous inflammation with fungal proliferation in the dermis, which was suggestive of *Lacazia lobo* compatible with the Jorge Lobo's disease. Again no surgery was performed, continuing the treatment with the antifungal Itraconazol. Unfortunately, the treatment for disseminated forms, as said by the literature, are nowadays not effective.

**Key message:** as the biggest part of the infectious diseases affecting the lower income population, investments for the development of specific types of drugs are neglected.

