ABSTRACT BOOK ABSTRACTS



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## MALIGNANT TRANSFORMATION OF PHAEOHYPHOMYCOSIS INTO SQUAMOUS CELL CARCINOMA: A CASE REPORT

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Background: Phaeohyphomycosis belongs to a heterogenous group of infections caused by dematiaceous fungi. Its course tends to be chronic, requiring prolonged anti-fungal therapy. Here we present the first case of phaeohyphomycosis caused by Veronaea botryosa with malignant degeneration.

Observation: A 57 year old male, previously diagnosed case of phaeohyphomycosis since 1997, presented with extensive verrucous plaques and nodules on the face and body, and a large, fungating tumor over his left hand. Multiple skin biopsies were taken showing squamous cell carcinoma (SCC) of the left hand, right hand, nose, right ear, left elbow and lower leg, and actinic keratosis over the lower lip. On histopathology, dark-walled hyphal elements were observed. Repeated fungal cultures yielded yeast-like black colonies and fungal mount showed dematiaceous branching hyphae without spores. He underwent above elbow amputation of the left hand and amphotericin b infusions with some improvement of his skin lesions. He was discharged on itraconazole 200mg twice a day and underwent 4 cycles of chemotherapy with cisplatin and 5-fluorouracil with objective partial response initially, but with progression towards stage IV lung metastases.

Key message: Phaeohyphomycosis due to Veronaea botryosa is rare, with only 13 cases reported worldwide. Risk factors associated with this infection include exposure to soil or plant materials, history of antecendent trauma and immunocompromise, with males more commonly affected than females. Proper management of this condition should involve antifungal susceptibility testing and surgical excision whenever possible. Long-term monitoring should be done to ensure complete clearance of lesions since a prolonged course may result in malignant degeneration. This is the first reported case of malignant transformation from phaeohyphomycosis.





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