



TROPICAL DERMATOLOGY

## **VARIED PRESENTATIONS OF CHROMOBLASTOMYCOSIS (A SERIES OF FIVE CASES)**

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**Background:** Chromoblastomycosis is a chronic fungal infection of the skin and subcutaneous tissue usually presenting as a verrucous dermatitis but can be complicated by lymphatic obstruction and secondary infection. We present a series of 5 cases of biopsy proven chromoblastomycosis with varied presentations.

**Observation:**

Case 1 and 2: (Two sisters) 40 year old female with warty growth over the face and upper limb treated with surgical debulking and grafting. Her sister, 35 year old presented after a decade with disseminated warty skin lesions over face, upper chest, back and extremities which was treated with oral Fluconazole.

Case 3: 20 year old male with a massive penoscrotal swelling with skin lesions over lower abdomen, face, neck and thighs along with discharging lesion over left axilla suggestive of secondary bacterial infection and lymphatic stasis was treated with oral Fluconazole and injectable Amikacin.

Case 4: 20 year old female with a single lesion over the back of thigh with few satellite lesions treated with Oral Fluconazole.

Case 5: 60 year old male with multiple large verrucous lesions along left lower limb upto mid thigh with enlarged non tender left inguinal lymph nodes treated with intravenous fluconazole and weekly cryotherapy with liquid nitrogen spray.

Though systemic itraconazole and terbinafine are the first line treatment for chromoblastomycosis, due to their unavailability in our hospital all cases except the first one were treated with systemic fluconazole as first line therapy. Marked response with residual pigmentation and scarring was seen in all except the second case.

**Key Message:** The series is being presented to highlight the varied presentations of chromoblastomycosis and efficacy of Fluconazole as a first line therapy in resource restricted setup.

