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

# SUBCUTANEOUS PHAEOHYPHOMYCOSIS MASQUERADING AS SCROFULODERMA- A CASE REPORT

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Background: Subcutaneous phaeohyphomycosis is a chronic fungal infection of the skin and subcutaneous tissue typically caused by dematiaceous fungi which have a worldwide distribution. Subcutaneous phaeohyphomycosis caused by Exophiala spinifera has been reported less than twenty times in world literature, and is even rarer in immunocompetent individuals.

Observation: We report subcutaneous phaeohyphomycosis masquerading as scrofuloderma in a forty year unmarried female with no known immunocompromising conditions. The lesions started as painful nodules over the neck and axillae one year before presenting to us. Eight months later they ruptured to form discharging sinuses with copious, purulent, yellow pus and ulcers over her neck, axillae and chest which mimicked the lesions of scrofuloderma. Additionally, she had well defined erythematous plaques over her face, ulcers over neck, axillae and chest. This was associated with the development of anorexia and amenorrhea that lasted for five months. Lymph node involvement was confirmed by demonstrating fungal septate hyphae highlighted on PAS and Giemsa with suppurative granulomatous inflammation suggestive of phaeohyphomycosis in histopathology from right axillary lymph node. ZN stain was negative. All other hematological and biochemical tests including sputum, Mantoux and gene Xpert were negative. Imaging studies revealed multiple lymph node abscesses in mandible, neck, chest and bilateral axillae.
Potassium Hydroxide mount of pus culture revealed filamentous hyphal elements. Culture yielded growth of septate hyphae with annellophores. 16sRNA partial genome sequencing revealed Exophiala spinifera as the causative organism. Patient received Tab Itraconazole 100mg BD and showed a dramatic response. There were no new lesions after the initiation of treatment, and discharge was reduced to negligible.

Key Message: Though the clinical and epidemiological profile of the patient suggested a diagnosis of scrofuloderma, investigations proved it to be subcutaneous phaeohyphomycosis. Hence as clinicians we must be open to less obvious diagnosis'.