Another skin biopsi and cultured it in 2021. Isolates from the 2019 and 2021 lesions were identified as A. glycosa by ribosomal DNA sequencing (Sanger sequencing). The antifungal susceptibility profile in 2018 revealed sensitivity to triodione (8.125 μg/ml) and sensitive to high MIC values for amphotericin B (8 μg/ml), voriconazole (≥ 16 μg/ml), terbinafine (≥ 16 μg/ml), and itraconazole (≥ 16 μg/ml). Treatment with terbinafine, itraconazole, or voriconazole, B, the skin lesions were partially improved.

In 2021, we took two skin biopsies and confirmed by clinical examination results were the same as before. The antifungal susceptibility profile revealed sensitive to triodione (0.5 μg/ml), and high MIC values for others. Clinically, skin lesions were not improved with the use of terbinafine 200 mg. Itraconazole 400 mg/d was used with local lesions, and showed improved improvement. There was no evidence of recurrence.

Conclusion: We experienced recalcitrant sporothrix that did not respond to triodione and terbinafine, and the sorbitol yeasts increase. In this case, the combination treatment including local boric acid, systemic KCl may be considered, and frequent antifungal susceptibility tests are needed.