TROPICAL/INFECTOPARASITARY DERMATOLOGY

Systemic sporotrichosis in an alcoholic patient

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Alcoholism; Immunosuppression; Sporotrichosis

Abstract A 44-year-old male patient presented with nodules that evolved with inflammation, following drainage of seropurulent secretion and ulceration. The patient had a 6 year-history of alcohol addiction and reported contact with cats. At the physical examination, the patient had skin-colored and erythematous nodules, and ulcers covered with thick, blackened crusts on the face, trunk and limbs. A culture of a nodule fluid revealed growth of Sporothrix sp. He also had pulmonary involvement and therefore the disease was classified as systemic sporotrichosis, a rare form that usually affects patients infected with HIV. Chronic alcohol abuse was considered the factor of immunosuppression for the patient.

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Sporotrichosis is a subacute or chronic subcutaneous mycosis caused by dimorphic fungi of the genus Sporothrix. Approximately 80% of the affected patients present the lymphocutaneous form. However, in patients with immunosuppression, disseminated forms can occur. 1,2

A 44-year-old male patient, presented with subcutaneous nodules that developed inflammation, following drainage of seropurulent secretion and ulceration. The patient had a 6 year-history of alcohol addiction. He denied comorbidities, although he reported prolonged contact with cats of unknown origin.

At the physical examination, the patient had skin-colored and erythematous subcutaneous nodules, and ulcers covered with thick, blackened crusts on the face, trunk and limbs (Figs. 1 and 2).

Due to compatible epidemiological history and the evolution pattern of the lesions, the main diagnostic hypothesis was sporotrichosis.

A culture of the aspirated fluid of one of the nodules was performed, which revealed growth of Sporothrix sp. after 5 days (Figs. 3 and 4).

The laboratory tests (hemogram, kidney function, liver function and thyroid function) did not show any abnormal results, and the serology test results (hepatitis B, hepatitis C, VDRL, HTLV and HIV) were negative.

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1 2 Study conducted at the Hospital Universitário Pedro Ernesto, Universidade do Estado do Rio de Janeiro, Rio de Janeiro, RJ, Brazil.

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Figure 1  Skin-colored and erythematous nodules and ulcers covered with thick, blackened crusts.

Figure 2  Skin-colored and erythematous nodules and ulcers covered with thick, blackened crusts.

Figure 3  Hyaline, septate, branched and regular hyphae. Pyriform conidia arranged like a daisy flower at the end of the conidiophores.

High-resolution chest CT revealed atelectasis, ground-glass infiltrate, hilar lymphadenopathy and pleural effusion in both lungs.

The disease was classified as systemic sporotrichosis, according to the classification recommended by Orofino-Costa et al.,

Patient was treated with amphotericin B lipid complex for 28 days, followed by itraconazole, during 11 months and had a good response, with healing of ulcers and without relapses in a 6-month follow-up.

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Figure 4 Membranous colony with white and blackened areas, and colorless back.

Authors’ contributions

Norami de Moura Barros: Approval of the final version of the manuscript; conception and planning of the study; elaboration and writing of the manuscript; obtaining, analysis, and interpretation of the data; intellectual participation in the propaedeutic and/or therapeutic conduct of the studied cases; critical review of the literature; critical review of the manuscript.

Allen de Souza Pessoa: Approval of the final version of the manuscript; conception and planning of the study; elaboration and writing of the manuscript; obtaining, analysis, and interpretation of the data; intellectual participation in the propaedeutic and/or therapeutic conduct of the studied cases; critical review of the literature; critical review of the manuscript.

Arles Martins Brotas: Conception and planning of the study; obtaining, analysis, and interpretation of the data; effective participation in research orientation; intellectual participation in the propaedeutic and/or therapeutic conduct of the studied cases; critical review of the literature; critical review of the literature.

Conflicts of interest

None declared.

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