Paracoccidioidomycosis of the larynx: Cases Report

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INTRODUCTION

Paracoccidioidomycosis is a severe systemic disease caused by Paracoccidioides brasiliensis (P. brasiliensis). It is a thermal dimorphic fungus, usually acquired through the respiratory tract by inhalation of spores in the air. The infection is insidious and chronic, characterized by the appearance of lesions in the oral and nasal cavities, pharynx, larynx, gums, tongue, soft palate, adrenal glands, liver, bones, gastrointestinal tract, lungs, skin, lymph nodes and nervous system. Dysphonia, dyspnoea, sore throat, dysphagia, weight loss, fever and cough may present as the initial symptoms of the disease. Men over 40, smokers and/or alcohol drinkers are more affected¹,².

In this report, the authors describe three patients with laryngeal paracoccidioidomycosis treated at a public hospital in the Midwest of Brazil.

CASE REPORT

Case 1

Male, 60 years old, smoker for 40 years and ex-alcoholic, coming from Aragarças, TO, with an epiglottis lesion. Upon laryngoscopy there was an ulcerative-infiltrative-vegetative lesion in the anterior face of the epiglottis, with cartilage fixation (Figure 1A). The CT scan showed nodules with cavitations in the pulmonary apex extending to the entire posterior commissure, and the identification of vegetables and earth²,³. Corroborating with the literature, the cases presented in this report have been described in the cases reported in the larynx of patients with P. brasiliensis. In all three cases, histopathological examination identified granulomatous process with fungi, suggestive of P. brasiliensis (Figures 1B-1D), being treated with trimethoprim-sulfamethoxazole.

DISCUSSION

Diagnosis is based on clinical findings and the identification of P. brasiliensis present in the pathological exam of the lesions¹,²,³

In the cases described, the patients had lesions in the larynx, and were submitted to core biopsy, with a histopathology result suggestive of infection by P. brasiliensis²,³,⁴. Lesions found in cases of paracoccidioidomycosis are similar to laryngeal neoplasia, requiring differential stenosis, which was confirmed by bronchoscopy. In all three cases, histopathological examination identified granulomatous process with fungi, suggestive of P. brasiliensis (Figures 1B-1D), being treated with trimethoprim-sulfamethoxazole.

Paracoccidioidomycosis should be considered in the differential diagnosis of patients with laryngeal lesions, especially those who reside or resided in endemic areas of P. brasiliensis.

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