SPOROTRICHOSIS

(A Case Report)

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Introduction

Sporotrichosis is a granulomatous mycosis of skin and subcutaneous tissue caused by *sporotrichum schenkii* [1]. Reports of sporotrichosis from India are few. We report a case of sporotrichosis which was diagnosed clinically and histologically, though there was a failure to demonstrate growth of the organism in clinical specimen and biopsied tissue. The patient responded well to treatment with potassium iodide.

Case Report

A 34-year-old male presented with insidious onset, slowly progressively increasing multiple painless swellings and ulcerations on right hand, forearm and arm of 3 months duration which had not responded to a course of antibiotics. Dermatological examination revealed multiple discrete, firm, nontender, subcutaneous nodules, some of them ulcerated at places, arranged linearly over right hand and postero-medial aspect of right arm and right forearm (Fig 1).

Ilaemogram, urinalysis and X-ray chest were normal. Pus

swab culture for bacteria and fungi revealed no growth. Histopathologically tuberculoid granuloma mixed with polymorphonuclear cell infiltrate in subcutaneous tissue was seen but PAS stain for fungus revealed no fungal elements.

In view of clinical and histological findings he was diagnosed as a case of lymphocutaneous sporotrichosis. He was treated with oral potassium iodide drops, initially to start with 5 drops thrice daily which was then gradually increased to 30 drops thrice daily. He responded well to treatment with complete regression of lesions by 3 months. The patient was followed for 6 months but had shown no recurrence.

Discussion

Sporotrichosis has worldwide distribution and is found both in temperate and tropical zones [2]. In India there has been reports of sporotrichosis from Assam, Bengal, Madras, Himachal Pradesh and Chandigarh [2-5]. Sporotrichosis manifests as fixed cutaneous, lymphocutaneous, disseminated cutaneous and systemic forms [6]. Lymphocutaneous form is the commonest presentation [1] and upper extremity is the site commonly involved [2,4].

This also was seen in the present case. Clinical picture and histopathological findings in this case were highly suggestive of sporotrichosis and which was further confirmed by remarkable therapeutic response to potassium iodide administration. The lack of demonstration of fungal cells in biopsied tissue as seen in our case is not an uncommon feature [6].

Potassium iodide is still the treatment of choice in cutaneous sporotrichosis [2]. Sporotrichosis is the only mycosis in which curative power of potassium iodide is beyond dispute [1]. The

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therapeutic effect is not due to any fungistatic power, but to some unknown influence on the tissue reaction that increases resistance of the host nonspecifically [1]. However, it is not effective in disseminated and extracutaneous infection where Amphotericin B is recommended [1].

Recently ketoconazole has been tried for the treatment of cutaneous sporotrichosis but results are variable [7]. It was also found to be ineffective in systemic sporotrichosis. Ketoconazole is a potentially toxic drug and should be recommended only in patients not responding to potassium iodide [7].

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