A 62-year-old Man Presented with Progressive Swelling Left Calf

Piroon Mootsikapun, M.D.

Subcutaneous phaeohyphomycosis

The pus Gram stain revealed many clusters of small septate hyphae with tangential branch and oval shaped head. The hyphae were weakly brown under wet-mount examination of pus. This differ from Aspergillus which is non-pigmented dichrotomous septate hyphae and Zygomyces which is non-pigmented, right angle branched, non-septate broad hyphae. Phaeohyphomycosis is a group of dematiaceous fungi (pigmented fungi) in which the organisms appear in tissue in any combination of hyphae or yeast-like forms but not in the form of sclerotic bodies.\textsuperscript{1-3} It may cause superficial infection of skin, nail and hair as well as subcutaneous infection resulted from traumatic implantation. The most common isolate from lesions of subcutaneous phaeohyphomycosis is Exophilala spp. Pulmonary infection may lead to dissemination to other organs such as brain abscess. Subcutaneous and systemic phaeohyphomycosis commonly occur in the patients with underlying diseases such as steroid use and diabetes mellitus. Diagnosis and identification of
phaeohyphomycosis are made by direct examination with KOH, histopathology and culture. Surgical excision is usually curative in subcutaneous phaeohyphomycosis. Adjunctive antifungal therapy may be needed in cases with inadequate drainage or deep organ infections. Itraconazole is currently the most effective antifungal agent for subcutaneous phaeohyphomycosis.² Satisfactory results of voriconazole therapy in systemic phaeohyphomycosis were reported.⁴

References