

DEEP MYCOSIS (PHYCOMYCOSIS)

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INTRODUCTION

We are reporting a case of Deep Mycosis Involving the Skin and the bone, with atypical presentation. This is the first case report of Phycomycosis from North Western Frontier Province of Pakistan.

CASE HISTORY

A twenty year old girl reported with crusted papules and nodules on the trunk, neck and forehead for one year. The lesions started as small papules which enlarged into large plaques with central ulceration and crusting. The lesions were present on the right side of the trunk, neck and forehead (Fig 1, 2). She also had a painful nodular lesion on the right lower leg in relation to the anterior aspect of the tibia. Biopsy from the skin and bone showed a granulomatous inflammation with numerous pigmented large, long hyphae with right angled branching, which were more easily identified with Grocott Gomori methenamine silver staining (Fig 3).

Systemic examination revealed no abnormality. Blood complete examination, urine routine examination, X-Ray chest and Abdominal Ultrasound were normal. X-Ray Right Lower leg confirmed the swelling to be inside the bone.

Clinical record showed that she was once suspected to be a case of Elastosis

perforans serpinginosa and biopsy result was also considered to be consistent with the clinical diagnosis. On the basis of clinical history, examination and histopathology¹, a diagnosis of Disseminated Deep mycosis due to phycomycosis was made.

DISCUSSION

Many diseases were considered in the differential diagnosis like elastosis perforans serpinginosa, perforating collagenosis, lichen planus, porokeratosis of Mibelli and deep mycosis. Histopathology was helpful in the diagnosis. This stresses the importance of Skin biopsy for the diagnosis of Dermatological diseases. In the past skin biopsy was wrongly interpreted. We recommend the routine use of special fungal stain for any granulomatous inflammation.

Primary cutaneous or mucosal phycomycosis may cause ulcers in debilitated patients with diabetes or uremia or in patients receiving immunosuppressive therapy. Such ulcers either heal² or may spread³. Interestingly our patient was otherwise healthy and yet the disease had formed ulcers on the skin and had spread to involve bone. In tropical and subtropical countries subcutaneous phycomycosis can occur in otherwise healthy individuals⁴. However such lesions are usually localized swellings⁴ while in our case it had disseminated.

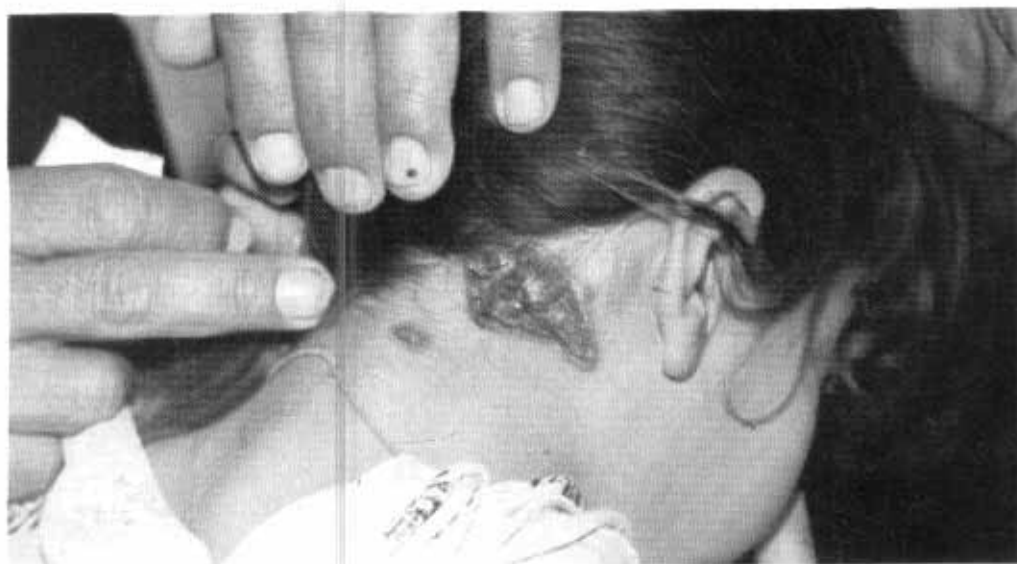


Fig. I Ulcerated crusted lesion on the neck.

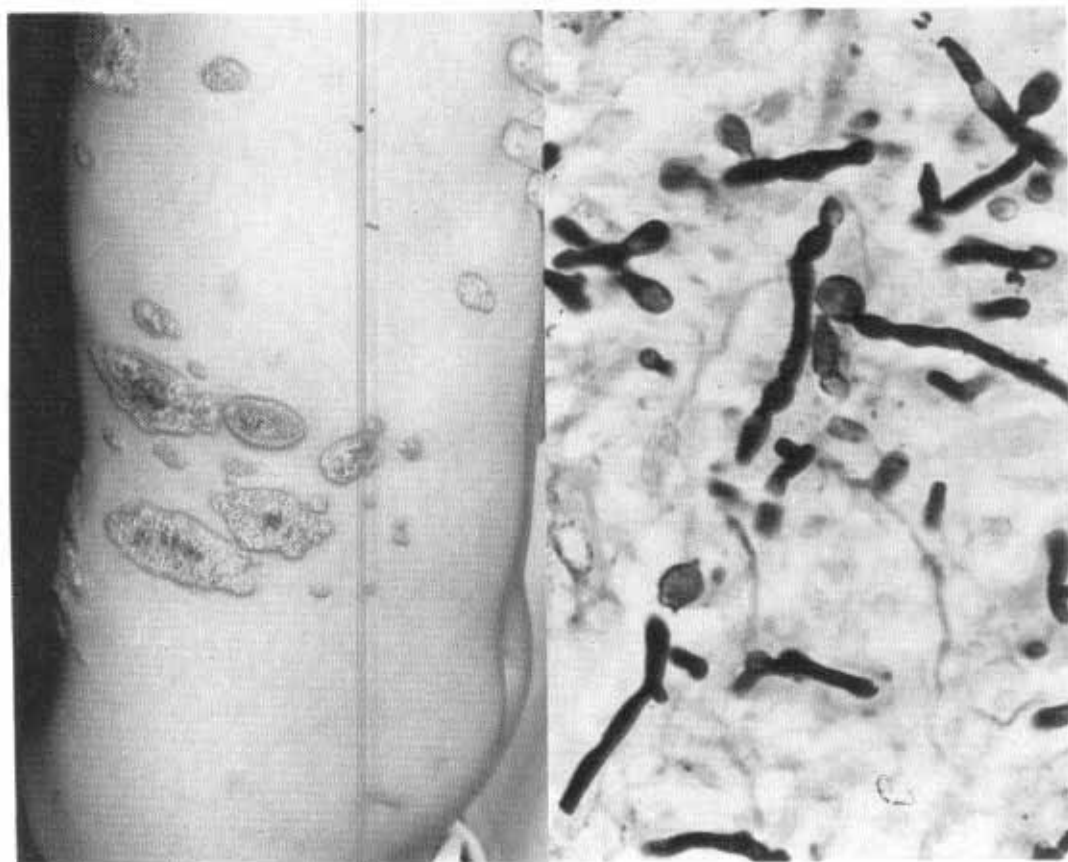


Fig. II Ulcerated crusted lesions with slightly raised margins on the trunk.

Fig. III Black Coloured Hyphae with typical Right anglebranching. (GMS X 400).

The possibility exists that our patient was selectively immunodeficient to this fungal species only. In the end we would like to emphasize that deep fungal infections of the skin do exist in NWFP and may present with rather atypical features.

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