

Human exophiala infection

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Sri Lanka Journal of Dermatology, 2007, 11, 33-34

Abstract

A 38-yr old female from a rural area presented with a chronic erythematous plaque on the face of 18 yrs duration, which was an asymptomatic slowly progressing lesion.

Histology revealed granulomatous inflammatory reaction with fungal hyphae and spores and exophiala sp was isolated from tissue biopsy. There was a satisfactory response to amphotericin B. Exophiala are dermaticeaceous fungi that rarely causes human infection in the immunocompetent.

This is the first published report of human exophiala infection in Sri Lanka.

Case report

A 38-yr old female from Mahiyangana, a rural area in Sri Lanka presented with an erythematous plaque over the left cheek of approximately 18 yrs duration (Figure 1). The lesion had an insidious onset and was asymptomatic. She could not recall any major traumatic event at the site of lesion but claims that minor abrasions may have occurred while collecting firewood in the shrubs.

This patient did not have any evidence of immunodeficiency or any systemic illness such as diabetes mellitus. Gradual enlargement of the lesion had occurred over the years, which has led the patient to seek treatment. Examination revealed an intensely erythematous indurated plaque (4 x 3 cm) with fine scaling on the left cheek. It was not tender and was not attached to deeper structures.

Except for the facial lesion she had a completely normal physical examination and routing haematological and metabolic investigations and the chest x-ray were all within normal levels.

Histology of a biopsy from the lesion showed pseudoeplitheliomatous hyperplasia with granulomatous inflammatory reaction in the upper dermis with histiocytes, lymphocytes and multinucleated giant cells. Fungal hyphae and spores were seen in the upper dermis and keratin layer. Acid fast staining and culture for *M. tuberculosis* was negative from the skin biopsy.

Biopsy specimen revealed fungal hyphae on direct microscopy with 10% KOH.

Culture on Sabouraud's Dextrose agar grew colonies which were initially black and pasty later becoming velvety.



Figure 1

Microscopic morphology showed septate, olivaceous hyphae with ellipsoidal annelloconidia accumulating at the tip of brown pigmented annellides or slimming down its length (Figure 2).



Figure 2

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