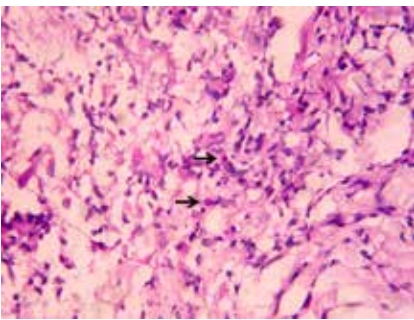


# Lymphocutaneous Sporotrichosis

Jency Maria Koshy<sup>1</sup>, Abhilasha Williams<sup>2</sup>



**Fig. 1: Multiple erythematous nodules and papules with few necrotic papules over the right forearm and arm**



**Fig. 2: Spherical yeast cells of sporothrix**

A middle aged lady from Himachal had persistent infection over the right ring finger nail for which she had taken multiple courses of antibiotics with no response. She developed multiple painful lesions over the right hand thereafter. She presented to our hospital within a week of developing these lesions. Clinical examination revealed multiple erythematous nodules and papules with few necrotic papules over the right forearm and arm (Figure 1). The pattern of distribution was along lymphatic tracts. A clinical impression of lymphocutaneous sporotrichosis was made considering that her hobby was

gardening. Biopsy of the lesions was sent for histopathological studies and fungal culture. Histopathology revealed granulation tissue with granulomatous inflammation. Spherical yeast cells of sporothrix were identified (Figure 2). *Sporothrix schenckii* was isolated on fungal culture after incubating for 2 weeks. She was initiated on Tab Itraconazole 100 mg twice a day. She started having gradual clinical resolution and the lesions healed with scarring (Figure 3) after 5 months of therapy.

Sporotrichosis is a subacute or chronic infection caused by the saprophytic dimorphic fungus *Sporothrix schenckii*. Sporotrichosis is also known as "rose gardener's disease". This fungus lives throughout the world in soil and on plant matter such as rose bushes, and hay.<sup>1,2</sup> Cutaneous sporotrichosis is the commonest presentation which can be fixed or lymphocutaneous.<sup>3</sup> The infection spreads from the initial lesion along lymphatic channels,



**Fig. 3: Healed lesions with scarring**

forming the chain of indolent nodular and ulcerating lesions typical of lymphocutaneous sporotrichosis. Pulmonary, mucosal, disseminated, Osteoarticular and systemic infections are less common presentations and is usually seen in immunosuppressed individuals.<sup>3</sup> The diagnosis is suggested by biopsy specimen and confirmed by tissue culture. The lesion is a suppurating granuloma that consists of histiocytes and giant cells, with neutrophils that accumulate in the center and surrounded by lymphocytes and plasma cells.

## References

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<sup>1</sup>Associate Professor, Department of Medicine, Believers Church Medical college Hospital, Thiruvalla, Kerala; <sup>2</sup>Associate Professor, Department of Dermatology, Christian Medical College, Ludhiana, Punjab  
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