# SUBCUTANEOUS ULCERATED NODULE REFRACTORY TO ANTIBACTERIAL TREATMENT

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# Introduction

- Sporotrichosis is caused by the dimorphic fungus *Sporothrix schenckii.*
- Tropical and subtropical area.[1]
- Southeast Asia, Malaysia (73.7%) , Thailand (21.1%) and Laos (5.3%)
- Age group : 23 to 76 years and mostly affect female gender. [2]
- Associated with exposure to animals, plants or abiotic factor like water, soil
- positive response with antifungal therapy.[2]

# Case Report

A 75-year-old woman with underlying hypertension for 10 years presented to the dermatology clinic with right foot ulcerative nodule for the past 1 months.

small size clear fluid filled blister over the medial edge of right foot.

gradually became large nodule with central necrotizing ulcer

proximally spread of subcutaneous smaller nodules.

Worsening despite treatment with 2 courses of antibiotics and daily dressings.

No prolonged fever, constitutional symptoms, foot trauma or TB contacts.

Housewife,

love to fishing at nearby stream.

Vital sign: stable and afebrile.

# Local Examination

- Erythematous nodule size (3x3cm) at right medial edge of feet
- central shallow ulcer with superficial green slough on surface.
- no undermining nor tunneling
- few other smaller subcutaneous nodules which extended proximally following lymphatic route

Figure 1: Right foot ulcer with nodular edge, multiple cutaneous nodular lesions in sporotrichoid spread proximally.

**Skin punch biopsy:**

superficial and deep perivascular and pre adnexal inflammatory cells ,no granuloma nor malignancy seen.

Ziehl-Neelsen stain, PAS stain, Cultures for bacterial including mycobacterium and fungal (NEGATIVE)

A clinical diagnosis of lymphocutaneous sporotrichosis.
Tablet itraconazole 200mg OD was initiated.

The lesions responded well with 12 weeks of treatment

Figure 2:

Healing ulcer of right foot with post inflammatory hyperpigmentation

# Discussion

**Main clinical form;**
lymphocutaneous, fixed cutaneous and disseminated cutaneous

**Symptoms:**
painless subcutaneous nodule , pustular and ulcerated at upper extremities.[2]

**Differential diagnosis:**
non-tuberculous mycobacterial infection, cat scratch disease, cutaneous nocardiosis, leishmaniasis, pyordermitis.[5]

**Diagnose :**
identify of Sporothrix species from clinical sampling

**Treatment:**
First line is tablet itraconazole 3 – 6month duration.[4] (100 to 200 mg/day orally)[1] .

**Educate patient:**
wear protective gears - thick waterproof gloves and boots

# Conclusion

- High index of suspicious especially if lesion refractory to antibacterial.
- Focused history taking, thorough physical examination are important.
- Early recognition and diagnosis of sporotrichosis which may avoid delay diagnosis and prompt effective therapy

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THANK YOU