

Chromoblastomycosis



A 67-YEAR-OLD MAN WAS ADMITTED TO THE HOSPITAL WITH A 12-YEAR history of swelling of his left leg. He had emigrated to the United Kingdom from Jamaica at the age of 31 years. When the patient was 41 years old, a golf-ball-sized nodule was excised from the dorsum of his left foot, and he was told he had a fungal infection. At that time, he did not receive any further treatment. At the age of 55 years, the patient noticed that a nodule had developed on his left shin. He did not seek medical attention until the lesion had spread and become so extensive that he was unable to walk (Panels A and B). A skin biopsy revealed a suppurative and granulomatous infiltrate with clusters of brown fungal organisms (muriform cells), a finding diagnostic of chromoblastomycosis (inset). A rhinocladiella species was cultured from skin scrapings. The patient was treated for 24 months with itraconazole and terbinafine, which resulted in improved mobility and substantial drying of the lesions, but warty changes, hyperpigmentation, and lymphedema persisted.

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