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Case Report

Phaeohyphomycosis infection in the knee☆

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ABSTRACT

Phaeohyphomycosis is caused by cutaneous fungi and rarely affects large joints. This is a case report on phaeohyphomycosis in the left knee of an elderly individual without immunosuppression. It was accompanied by pain and swelling the anterior knee. The case was first suspected to be suprapatellar bursitis, and was treated with nonsteroidal anti-inflammatory drugs, without remission of symptoms. Surgical treatment was performed, with resection of the suprapatellar bursa and anterior region of the quadriceps tendon. The material was sent for anatomopathological examination and culturing. The pathological examination showed phaeohyphomycosis. The treatment instituted consisted of itraconazole, 200 mg/day for six weeks, and complete remission of symptoms was achieved. The physical examination remained normal after one year of follow-up. This is the first published case of phaeohyphomycosis infection in the suprapatellar region of the knee. Although almost all the cases reported have been associated with immunosuppressed patients, this was an exception. It is important to suspect phaeohyphomycosis in cases of knee infection, in the area of the suprapatellar bursa, when the symptoms do not resolve after clinical treatment.

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Infecção por feohifomicose em joelho

Palavras-chave:
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RESUMO

A feohifomicose, causada por fungos demáceos, raramente acomete grandes articulações. Este é um relato de caso de feohifomicose, em joelho esquerdo de idoso não imunossuprimido, acompanhado de dor e aumento de volume em região anterior do joelho. Suspeitou-se de bursite suprapatelar, sendo medicado com anti-inflamatório não esteroidal, sem apresentar remissão dos sintomas. Fez-se tratamento cirúrgico, foram ressecadas a bursa suprapatelar e a região anterior do tendão do quadríceps sendo a peça encaminhada

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para exame anatomopatológico e cultura. No exame anatomopatológico foi possível evidenciar o diagnóstico de feohifomicose. O tratamento instituído foi itraconazol, 200 mg/dia por seis semanas, apresentando remissão completa do quadro. O exame físico se manteve normal após um ano de seguimento. Este é o primeiro caso publicado a respeito da infecção por feohifomicose em região suprapatelar. Apesar de quase todos os casos registrados estarem associados a pacientes imunossuprimidos, este foi uma exceção. É importante que se suspeite de feohifomicose nas infecções de joelho, na área da bursa suprapatelar, quando os sintomas não resolverem após o tratamento clínico medicamentoso.

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Introduction

Phaeohyphomycosis is the term used to describe infection caused by various species of dematiaceous fungi with blackish pigment, especially of the genera *Wangiella*, *Alternaria* and *Exophiala*.[1–3]

It is found in widely distributed in soil around the world. It is an uncommon cause of illness among humans, but may cause infections in both immunosuppressed and immunocompetent individuals.[4] Almost all the cases reported have been associated with immunosuppressed patients who have undergone organ transplantation or patients treated due to malignant growths.[5]

Cutaneous lesions and subcutaneous nodules are the commonest forms of presentation. Most infections are superficial and are preceded by local trauma.[6] This disease is only very rarely associated with infection in joints: only a single case has been reported so far, which was associated with tearing of a flexor tendon.[7]

Here, we report a case of phaeohyphomycosis in the left knee of a previously healthy patient who was not immunosuppressed.

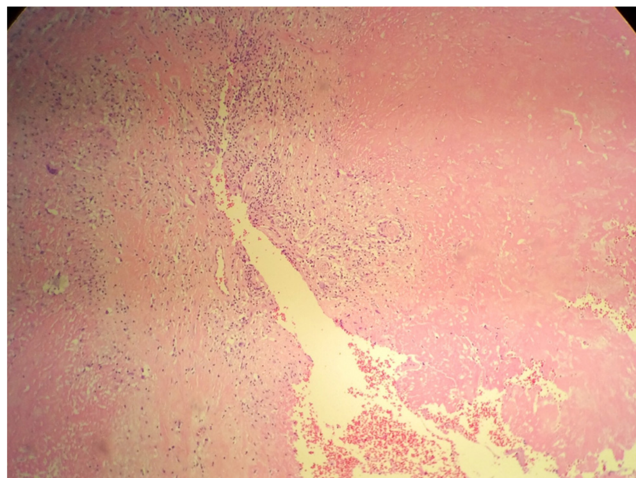

Fig. 1 – Anatomopathological examination.

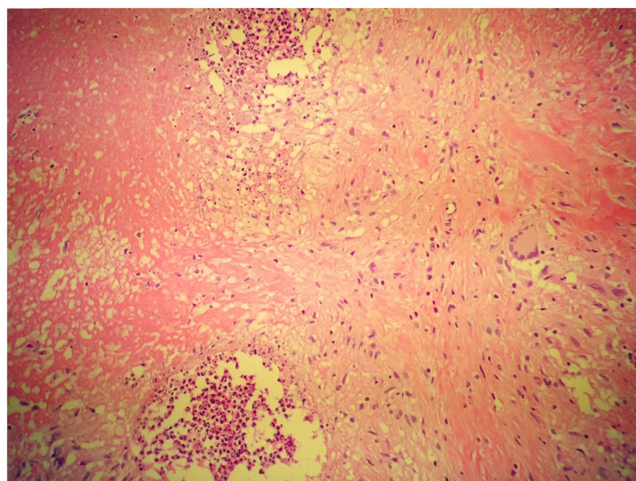

Fig. 2 – Anatomopathological examination.

Report of clinical case

The patient was a 76-year-old man with a history of pain and edema in his left knee for around two months, with increased volume in the anterior region of the patella.

When he was first seen, he presented pain and increased volume in the anterior region of the knee and suprapatellar bursitis was suspected. He was medicated with a nonsteroidal anti-inflammatory drug. He came back seven days later, with increased volume and pain. The site was punctured and a thick secretion of purulent coloration with yellowish lumps was observed. He was medicated with an oral antibiotic because of suspected superficial infection. However, he came back two days later with recurrence of the edema and an increased state of pain.

The patient was admitted to hospital for surgical treatment consisting of drainage, resection and cleaning. During the operation, thick material of whitish and yellowish coloration was observed in a large quantity of friable solid lumps. The suprapatellar bursa and all the material in the anterior region of the quadriceps tendon was resected and sent for anatomopathological examination and culturing on four samples.

The result from the cultures was negative. However, the anatomopathological analysis showed phaeohyphomycosis, as demonstrated in Figs. 1–4.

The treatment instituted was itraconazole, 200 mg/day for six weeks, and complete remission from the condition was achieved by the end of this period.

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