



## Case report

## Ocular sporotrichosis: A frequently misdiagnosed cause of granulomatous conjunctivitis in epidemic areas



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## ABSTRACT

**Purpose:** Sporotrichosis is a subcutaneous mycosis caused by *Sporothrix* sp., a dimorphic fungus. Although the cutaneous form is the most frequent form, the ocular presentation has been increasingly diagnosed in epidemic areas. We describe three cases of ocular sporotrichosis with the involvement of the ocular adnexa due to autoinoculation without trauma with successful antifungal treatment.

**Observations:** Patient 1: A 68-year-old woman presented with granulomatous conjunctivitis of the right eye with an ulcerated nodule on the right temporal region for 5 months. Patient 2: A 46-year-old woman with conjunctival hyperemia of the left eye with associated periorbital edema and erythema for the past 4 months was referred to the Dermatology Department due to an ulcerated nodule on the left malar region. Patient 3: A 14-year-old boy presented to the emergency department with inferior palpebral edema with a 5-day evolution. Specimens were obtained from the lesions of the three patients, and the cultures were positive for *Sporothrix* sp. The three cases were diagnosed as ocular sporotrichosis and were successfully treated with itraconazole (200–400 mg/d). Two of the three patients developed sequelae such as conjunctival fibrosis and symblepharon.

**Conclusions and importance:** We emphasize the importance of the ophthalmologist being familiar with the diagnosis and management of this rare and frequently misdiagnosed form of sporotrichosis.

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## 1. Introduction

Sporotrichosis is a subcutaneous mycosis caused by dimorphic fungi of the *Sporothrix schenckii* complex.<sup>1</sup> Although the cutaneous form is more frequent in Rio de Janeiro and other endemic areas, the ocular presentation has been increasingly diagnosed.<sup>2</sup> The similarity with other clinical conjunctivitis may lead to a delay in treatment initiation, increasing the risk of sequelae in the eye and extending the time needed for healing. Thus, the knowledge of this form of sporotrichosis is paramount for early diagnosis, and more effective therapy and clinical evolution.

## 2. Findings

## 2.1. Case 1

A 68-year-old woman presented 5 months previously with conjunctival hyperemia associated with granulomatous conjunctivitis in the right eye with no history of trauma. The condition was suggestive of bacterial conjunctivitis, and she was treated with antibiotic eye drops. The patient showed no improvement, and subsequently developed a nodular lesion on the right temporal region, for which she sought treatment from the Dermatology clinic. The dermatologic and ophthalmologic examinations showed granulomatous conjunctivitis involving the inferior tarsal and bulbar conjunctiva of the right eye (Fig. 1) associated with exudative ulcerated nodule on the ipsilateral temporal region (Fig. 2). The exudate culture of the skin lesion was positive for *Sporothrix* sp. The

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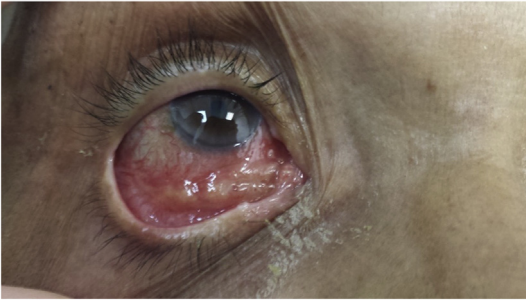


Fig. 1. Patient 1 - Granulomatous conjunctivitis of the right eye.

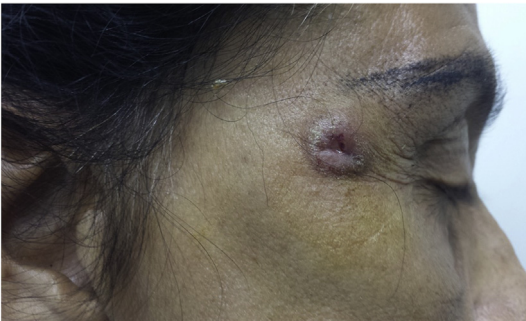


Fig. 2. Patient 1 - Nodule with central exulceration in the right temporal region.



Fig. 4. Patient 2 - Conjunctival hyperemia associated with infiltration and periocular edema. Ulcerated nodules are noted in the ipsilateral malar region.

patient was treated with itraconazole 200 mg/day over 9 months, achieving a clinical cure, but with fibrosis of the inferior tarsal and bulbar conjunctiva of the same eye (Fig. 3).

2.2. Case 2

A 46-year-old woman with conjunctival hyperemia associated with infiltration and periocular edema on the left side for 30 days was referred to the Dermatology clinic after a nodular lesion appeared on the ipsilateral malar region (Fig. 4). Dermatologic examination showed enlarged lymph nodes on the preauricular and cervical regions. The patient denied the occurrence of local trauma.

The swab culture of the conjunctival lesion was positive for *Sporothrix* sp. The patient was treated for 2 months with itraconazole 200 mg/day; however, it was necessary to increase the dose to 400 mg/day for an additional 6 months due to clinical worsening. As sequelae, she had fibrosis and symblepharon on the superior conjunctiva of the affected eye (Fig. 5).

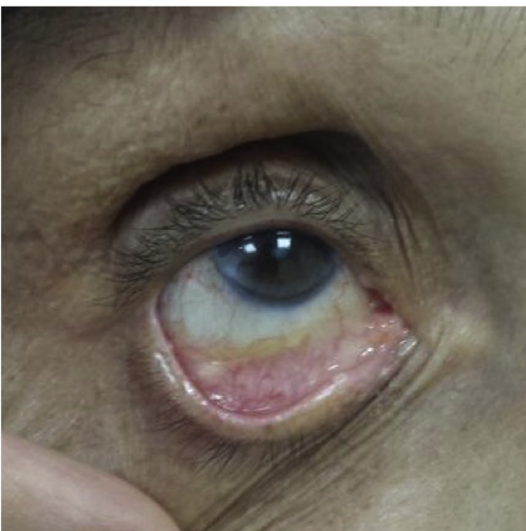


Fig. 3. Patient 1 - Fibrosis of tarsal and inferior bulbar conjunctiva of the right eye after treatment.



Fig. 5. Patient 2 - Eight months after treatment.

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