

REVIEW

Invasive fungal infections of face – A diagnostic challenge: Case series and review



Roshan K. Verma ^{a,*}, Sourabha Kumar Patro ^a, M.R. Shivaprakash ^c,
Debajyoti Chatterjee ^b, Naresh K. Panda ^a

^a Dept. of Otolaryngology, Head and Neck Surgery, Postgraduate Institute of Medical Education and Research, Chandigarh 160012, India

^b Dept. of Pathology, Postgraduate Institute of Medical Education and Research, Chandigarh, India

^c Departments of Medical Microbiology, Postgraduate Institute of Medical Education and Research, Chandigarh, India

Received 16 June 2015; accepted 1 July 2015

KEYWORDS

Invasive fungal infections;
Face;
Antifungal therapy

Abstract Cutaneous mycoses are common in immune compromised individuals but in immune competent individuals these become a diagnostic challenge due to the rarity of the incidence and dubious clinical picture. We present three cases of cutaneous mycoses in immune competent adults.

Case 1: 62 year old immune competent male presented with right sided cheek swelling with induration. Malignancy was considered and a biopsy was done which showed entomophthoromycosis.

Case 2: 77 year old immune competent male presented with hard indurated swelling in the dorsum of nose. Radiology showed heterogeneous soft tissue density in the cheek. Fungal culture confirmed presence of *Conidiobolus coronata*.

Case 3: A 60 year old female presented with right cheek swelling which was 5 * 3 cm and showed heterogeneous soft tissue density in the subcutaneous tissue with no nasal lesion. Fine needle aspirations and culture confirmed presence of *Aspergillus fumigatus*.

First two cases responded completely to Itraconazole and potassium iodide therapy and only Itraconazole was given in the third case. Surgery could be avoided in these cases.

© 2015 Egyptian Society of Ear, Nose, Throat and Allied Sciences. Production and hosting by Elsevier B.V. All rights reserved.

Contents

1. Introduction	232
2. Case series	232

* Corresponding author. Tel.: +91 9914209761; fax: +91 172 2744401.

E-mail address: roshanverma@hotmail.com (R.K. Verma).

Peer review under responsibility of Egyptian Society of Ear, Nose, Throat and Allied Sciences.

<http://dx.doi.org/10.1016/j.ejenta.2015.07.002>

2090-0740 © 2015 Egyptian Society of Ear, Nose, Throat and Allied Sciences. Production and hosting by Elsevier B.V. All rights reserved.

2.1. Case 1	232
2.2. Case 2	233
2.3. Case 3	233
3. Discussion	234
4. Conclusion	235
Conflict of interest	235
References	235

1. Introduction

Primary cutaneous mycosis is rare entity and is seen commonly in immune compromised individuals. It is commonly reported in presence of HIV infection,¹ patients on oral steroids or immunosuppressive drugs and post-transplant patients. It occurs due to direct inoculation of fungus into the skin or from trauma. Contributing factors include trauma from burns, central and peripheral catheterization, contaminated dressings and diabetics. *Aspergillus* is a common entity among cutaneous mycoses.²⁻⁴ Entomophthoromycosis caused by *Conidiobolus*,⁵ is also a similar subcutaneous slow growing fungal infection seen in tropical areas of Africa, Asia and South America in immune compromised patients. The causative fungi *Basidiobolus ranarum* causes subcutaneous zygomycosis and *Conidiobolus coronatus* causes rhino facial zygomycosis.⁶

Primary cutaneous mycoses is extremely rare in immune competent patients and when present, pose a diagnostic challenge especially in the rhino facial region as it mimics

malignancy due to the induration it produces. Computed tomography shows homogenous soft tissue density mass with occasional evidence of bone destruction. Repeat biopsy is usually negative for malignancy. High index of suspicion by the clinician is required and communication to the pathologist and microbiologist clinches the diagnosis.

We report a series of three cases of cutaneous mycoses of facial region in immune-competent persons and the dilemma faced in diagnosing such lesions.

2. Case series

2.1. Case 1

A 62 year old immune-competent male presented to our outpatient department with the chief complaints of right sided nasal obstruction, facial swelling for one and a half months. Examination revealed redness and diffuse oedema of the dorsum of nose extending onto the cheek (Fig. 1a). Anterior

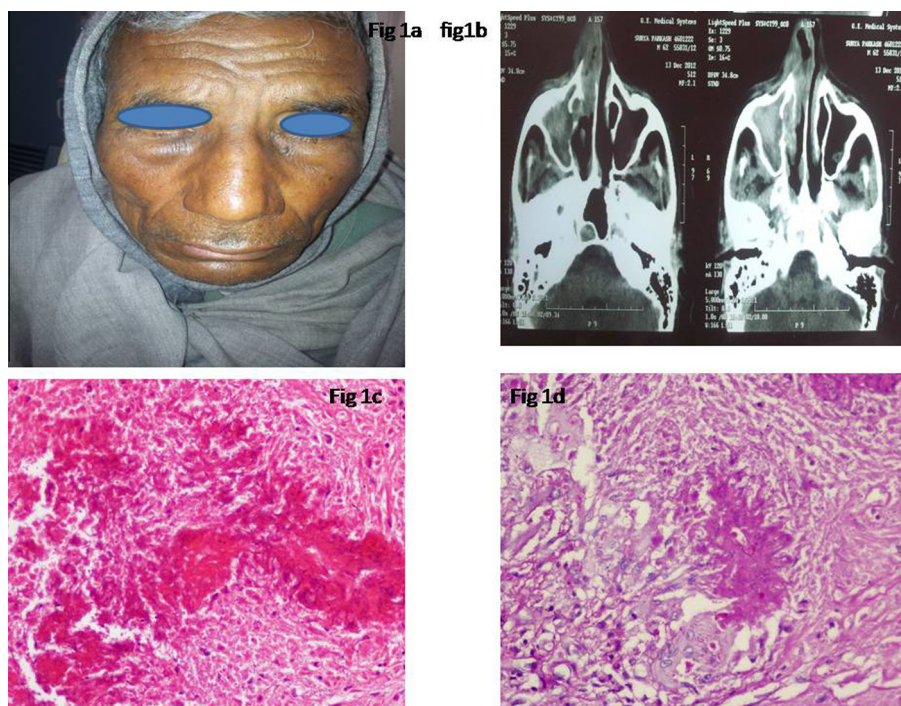


Figure 1 (a) Preop photograph of patient showing redness and diffuse oedema of the right side of cheek. (b) Contrast enhanced computed tomography of the nose and paranasal sinus (Axial cuts) showed heterogenous soft tissue density involving right nasal cavity, maxillary sinus, with extension anteriorly into the cheek. (c) Showing the features of entomophthoromycosis in low power (40× H and E) showing fungal granulomas along with many Splendore-Hoeppli phenomenon (HE50×). (d) Splendore-Hoeppli phenomenon along with many eosinophils collaring it (HE 100×).

Download English Version:

<https://daneshyari.com/en/article/4108880>

Download Persian Version:

<https://daneshyari.com/article/4108880>

[Daneshyari.com](https://daneshyari.com)