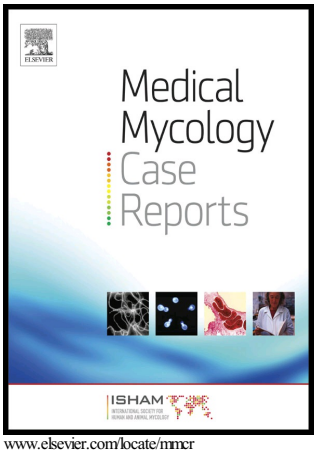
Disseminated paracoccidioicomydosis prediagnosticated as neoplasm: An important challenge in diagnosis using rt-PCR

Fabiana Rocha-Silva, Cássio Ferreira Guimarães, Edmundo Rocha de Oliveira Júnior, Sônia Maria de Figueiredo, Rachel Basques Caligiorne



www.elsevier.com/locate/mmcr

PII: S2211-7539(17)30049-0
DOI: https://doi.org/10.1016/j.mmcr.2017.09.003
Reference: MMCR255

To appear in: *Medical Mycology Case Reports*

Received date: 27 April 2017
Revised date: 8 September 2017
Accepted date: 25 September 2017

Cite this article as: Fabiana Rocha-Silva, Cássio Ferreira Guimarães, Edmundo Rocha de Oliveira Júnior, Sônia Maria de Figueiredo and Rachel Basques Caligiorne, Disseminated paracoccidioicomydosis prediagnosticated as neoplasm: An important challenge in diagnosis using rt-PCR, *Medical Mycology Case Reports,* https://doi.org/10.1016/j.mmcr.2017.09.003

Disseminated paracocciodioicomydosis prediagnosticated as neoplasm: an important challenge in diagnosis using rt-PCR

Fabiana Rocha-Silva[1], Cássio Ferreira Guimarães[2], Edmundo Rocha de Oliveira Júnior[2], Sônia Maria de Figueiredo[1,3], Rachel Basques Caligiorne[1*]

1Núcleo de Pós-Graduação e Pesquisa da Santa Casa de Belo Horizonte, MG, Brazil.
2Clínica Dermatológica da Santa Casa de Misericórdia de Belo Horizonte / Minas Gerais, Brazil.
3Food Department, Nutrition School, Federal University of Ouro Preto, MG, Brazil.

ABSTRACT
This paper presents a case of disseminated paracoccidioidomycosis in a 62-year-old male patient, who lives in Belo Horizonte, MG, Brazil. The patient was hospitalized with icteric syndrome of cholestatic pattern and weight loss, with loss 30 kg in 5 months. The imaging of the abdomen showed lesion of infiltrative pattern, affecting gallbladder and intrahepatic bile ducts, suggesting neoplasia of malignant behavior, besides to presenting the yellow nail syndrome. Dermatological examination presented erythematous-infiltrated plaques in the occipital region. Also, the patient presented tegumentary lesions on the scalp and lumbar region from which the histopathological examination was carried out, which evidenced yeasts cells. The drug of choice for therapy was Liposomal Amphotericin-B. At the end of the antifungal treatment, liver enzyme dosages were normalized and there was improvement of the general condition of the patient, as well as the skin lesions. Here, we demonstrate the importance of molecular biology to confirm the diagnosis. Especially in cases of difficult diagnosis.
Keywords:
Keyword_1; Keyword_2; Keyword_3; Keyword_4; Keyword_5

1. Introduction

Paracoccidioidomycosis (PCM) is a potentially lethal granulomatous mycosis, endemic in Latin America, caused by the fungi *Paracoccidioides brasiliensis* and *P. lutzii* (1-3). Such as other systemic fungal infections, PCM can affect many organs as a result of dissemination of infection through the lymphohematogenic route with the installation of quiescent foci in different organs, allowing a future reactivation of the pathogen in any place where it may have settled (4,5). Yellow nail syndrome (YNS) is a rare disease, characterized by the triad of lymphedema, pleural effusion and dystrophic nails with slow growth and yellowing (6,7). We report a case of disseminated PCM misdiagnosed as gallbladder carcinoma and associated with the classic YNS. The study presents clinical, histological and molecular findings.

2. Case

A 62 years old immunocompetent and previously healthy male patient, presented with cholesteric pattern icteric, reporting 30 kg weight loss in the last 5 months. He also reported a chronic and progressive shortening of breath, upper right abdominal pain, and swollen lower limbs, besides development of skin rashes on scalp, face and trunk during last two months.