Images in Clinical Practice

Fixed Cutaneus Sporotrichosis

A 30-month-boy with a progressive painless swelling of left thigh since 6 months was referred as possible soft tissue sarcoma. It followed a small pustule in medial aspect of left high that was ruptured with a needle. The overlying skin was intact, diffusely indurated, and darkened with no regional lymphadenopathy. The diameter of affected thigh was 48 cm, almost double of the opposite thigh (*Fig. 1*). Biopsy specimen revealed foreign body giant cells, panniculitis, angiitis and focal infiltration of lymphocytes and plasma cells. PAS stain showed round to oval elongated yeast forms with buds, some within giant cells. Few asteroid bodies were also seen which is considered characteristic of sporotrichosis. He was administered oral saturated potassium iodide solution 5 drops thrice daily and gradually increased to 30 drops thrice a day over a period of 4 weeks. Swelling started regressing from 3rd week onwards and complete resolution was in 4 months (*Fig. 1*). Potassium iodide was continued for further 6 weeks and stopped. There were no adverse effects.

Sporothrix schenckii is commonly acquired by traumatic implantation into the skin, causing a local pustule or ulcer with nodules developing proximally along the draining lymphatic. In this case a contaminated needle may have caused the infection. The source of contamination can be vegetative matter undergoing extensive decay. The organism may also be innoculated percutaneously by thorns, tree barks, or splinters, or from abrasions acquired handling hay, straw or sphagnum moss. The spectrum of clinical finding in sporotrichosis can be divided into lymphocutaneous, fixed cutaneous, mucocutaneous, extracutaneous (localized or multifocal) and pulmonary manifestations, of which cutaneous disease is the most common manifestation. Therefore, it should be suspected in children with chronic papulovescicular, ulcerative or nodular lesions resistant to antibiotics. It should be differentiated from other causes of nodular lymphangitis including atypical mycobacterium, nocardiosis, leishmaniasis, tularemia, meliodosis, cutaneous anthrax and other systemic mycosis. Potassium iodide remains the most effective treatment for cutaneous sporotrichosis. Itraconazole

Fig. 1. Fixed cutaneous sporotrichosis of thigh. (Left: Before and Right: After treatment)

(Sporanox) and Flucanazole, are available for treatment, but experience with these drugs is still limited. Treatment is often extended over a number of weeks, until the skin lesions are completely healed.

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Bleomycin Induced Flagellate Pigmentation

A 10-year-old girl known case of germ cell tumor of ovary presented with itchy linear pigmentation and thickening of the skin over the trunk, proximal part of extremities, neck, scalp and sides of the face. She had been given Injection bleomycin 18 units weekly, Injection Cisplatin 20 mg, Injection Etocid 100 mg (BEP regimen). After a week she developed itching on trunk and upper extremities which was more with subsequent injections. Gradually and progressively, she developed linear erythema and pigmentation over the trunk abdomen. On eamination, she had linear or streaked pigmentation over trunk, proximal part of extremities, neck, scalp and sides of the face (*Fig. 1*) At places the pigmentation was diffuse. There was an area of indurated skin over abdomen which extended to back. Apart from pigmentation she had almost total alopecia and diffuse pigmentation of lunula of both thumb nails. Skin biopsy from indurated plaque and pigmentation showed features suggestive of morphoea and basal cell pigmentation. A final diagnosis of flagellate pigmentation and sclerodermoid changes due to bleomycin was made.

Fig. 1. Linear, streaked pigmentation over scalp, neck and trunk.

The literal meaning of "flagellate" is to whip some body or oneself as a religious