

**5th International Conference on
Clinical & Experimental Dermatology**

July 13-15, 2015 New Orleans, USA

Chromoblastomycosis treated with intravenous fluconazole as a first line therapy

Ipsa Niyant Pandya
M.S.University of Baroda, India

Chromoblastomycosis is a chronic fungal infection of the skin and subcutaneous tissue often producing a type of verrucous dermatitis. It is most commonly caused by *Fonsecaea pedrosoi* and *Cladosporium carrionii*. It is prevalent all over the world but more cases are reported in tropical and subtropical countries. We present a case of a 60 year old male coming from a rural background who presented with multiple verrucous plaques and papules over left leg extending to thigh since 25 years along with enlarged non tender left inguinal lymph nodes. The lesions were associated with itching and pain. Differential diagnoses considered were tuberculosis verrucosa cutis, chromoblastomycosis, verrucous psoriasis and sporotrichosis. Mantoux test was negative. Potassium hydroxide mount showed hyaline septate fungal hyphae along with sclerotic bodies (medlar bodies), suggestive of chromoblastomycosis. *Fonsecaea pedrosoi* was isolated in fungal culture. Punch biopsy from the lesions showed dermal nodular dense tubercloid and suppurative granulomatous infiltrate. Clusters of thick walled brown coloured refractile yeast cells showing 'cluster of pennies' appearance was seen within some giant cells and also extracellularly, suggestive of chromoblastomycosis. As per the current literature, systemic itraconazole and terbinafine are the first line treatment for chromoblastomycosis. Since these drugs were not available in our hospital, the patient was given intravenous fluconazole 400mg twice a day for a month to which he responded well. Weekly cryotherapy with liquid nitrogen spray was started as a supportive treatment. The patient was discharged on oral fluconazole along 400 mg twice a day with oral terbinafine 250 mg once a day as a maintenance therapy. Dramatic response was seen within 3 months with residual pigmentation and scarring. We present this case due to rarity of reports showing intravenous fluconazole as a primary treatment in chromoblastomycosis.

Biography

Ipsa Niyant Pandya has completed her MBBS at the age of 23 years from M.S.University and is pursuing her 2nd year MD in Dermatology from M.S.University. She has more than 5 publications under her name in pubmed indexed journal. She has also won the first prize for her case in Gujarat state IADVL (Indian Association of Dermatology, Venerology & Leprology) meet, September 2014.

niip257@yahoo.co.in

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