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Cutaneous chromomycosis is associated to extra pulmonary TBC**Chagra Ana C**

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Chromomycosis is a granulomatous disease that affects skin and subcutaneous tissue, chronic course, caused by pigmented fungi Dematiaceae family. Produce can be warty lesions or vegetating, mainly affecting immunocompromised patients. The main differential diagnosis of these lesions is with tuberculosis (TB). The case of a male patient aged 62, native of rural, consulted for back pain 3 months duration, radiating to scapula and decreased muscle strength, with granulomatous lesions in lower limb covered by scabs, and hyperpigmented areas. Diagnostic features TB pulmonary, with interrupted treatment. The CT shows lesions of scar appearance (cavitary fibrosis) lung apex compatible with TC.

Skin biopsy that was received in the pathology macroscopically corresponded to a 0.4 punch x0, 4cm and microscopically was granulomatous lesion with presence of ovoid spores with characteristic brown color, isolated and in groups, PAS positive. Technique ZN (-) Bone biopsy presented a granulomatous reaction with Langerhans cells ZN (+) and subsequent culture positive. While chromomycosis and TB are endemic pathologies are distributed fairly in our country, the association and coincidence of both is rarely observed, making this case is very interesting from an epidemiological point of view.