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Deep Fungal Infections

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Diagnosis	Causal Agent	Epidemiology	Clinical Features	Pathology	Source of Infection
Histoplasmosis	Histoplasma capsulatum	Eastern Great Lakes; Ohio, Mississippi, and Missouri riverbeds	Oral ulcers; erythema- tous papules and nodules; pulmonary involvement in immuno- compromised patients	Small intracellular yeasts (2–3×3–5 µm) with narrowneck budding; pseudocapsule but not true capsule	Exposure to bird or bat excrement; cave exploring; most common endemic myco- sis in AIDS patients
Blastomycosis (North American blastomycosis)	Blastomyces dermatitidis	Upper Great Lakes, Ohio River, Mississippi River, south- eastern United States	Papulopustular and verrucous plaques; central ulceration on exposed skin (face)	Solitary broad- based budding, thick-wall yeasts (7–15 µm)	Primary pulmo- nary infection with secondary disease to skin, bones, and genitourinary system
Coccidioidomycosis	Coccidioides immitis	Southwestern United States, San Joaquin valley, Mexico, Central and South America	Papules, pustules, plaques, abscesses, and sinus tracts on the face; papules resemble molluscum contagiosum in HIV-infected patients	Endospores with thick walls containing spherules (30–60 µm)	Farmers, construction workers
Paracoccidioidomycosis (South American blastomycosis)	Paracoccidioides brasiliensis	Central and South America	Painful ulcer- ative and ver- rucous plaques on the face and nasal and oral mucosa	Multiple narrow- based budding yeasts (5–60 µm) resembling a mari- ner's wheel	Dissemination to the spleen, central nervous system, bones, and adrenal glands
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Chromomycosis (chromoblastomycosis)	Cladosporium carrionii, Fonsecaea compacta, Fonsecaea pedrosoi, Phialophora verrucosa, Rhinocladiella aquaspera	Tropical and subtropical cli- mates in United States, Europe, and Canada	Verrucous plaque on extremities; annular plaques with central scarring	Round brown pigmented bodies (copper pennies) (5–15 µm)	Farmers, miners, and workers in rural areas
Sporotrichosis (rose gardener's disease)	Sporothrix schenckii	Endemic worldwide: Unites States (Wisconsin larg- est outbreak), Mexico, Central America, South America, and South Africa	Single papule on the site of inoculation that becomes ulcerated with purulent drainage, on face (localized form); nodules and ulcers along the path of lymphatic drainage, on arms	Cigar-shaped budding yeast difficult to identify; asteroid bodies present	Gardeners growing orchids and roses; vet- erinary care; woodworking
Mycetoma	Eumycetoma: Madurella mycetomi	Tropical and subtropi- cal climates; cases have been reported worldwide	Draining sinuses containing grains on foot, legs, or hands	Suppurative and granulomatous inflammation; grains (tightly packed colonies of organisms)	Rural workers; Grocott-Gomori methenamine- silver stain; black or yellow grains
Aspergillosis	Aspergillus species	Soil saprophyte found in decay- ing vegetation; opportunistic infection	Necrotic papulonodules; subcutaneous nodules; areas of trauma (eg, intravenous cannulas, venipuncture wounds); toenails	Septate hyphae with dichotomous acute angle branching	Allergic bron- chopulmonary, fungus ball, and invasive aspergillosis; immunocom- promised patients
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Diagnosis	Causal Agent	Epidemiology	Clinical Features	Pathology	Source of Infection
Hyalohyphomycosis	Fusarium species, Fusarium solani	Opportunistic infection	Umbilicated or necrotic pap- ules, pustules, or abscesses; subcutaneous nodules on extremities in site of trauma, burns, or onychomycosis	Septate hyphae with both 45°-90° branching	Immunocom- promised patients; neutrope- nia; keratitis; onychomycosis
Zygomycosis (mucormycosis)	Mucor species, Rhizopus species, Absidia species	Soil and decaying vegetation; opportunistic infection	Inhalation √ respiratory infection √ dissemination; necrotic lesions; black scar on nasal mucosa or palate; rhino- orbital-cerebral mucormycosis	Nonseptate, wide hyphae branching at >90° angle	Diabetes mel- litus, leukemia, malnutrition, or trauma; natural disaster; com- bat associated; 50% mortality rate
Cryptococcosis	Cryptococcus neoformans	Worldwide distribution; avian (pigeon) droppings	Ulceration; cel- lulitis; mollus- cumlike lesions	Encapsulated yeast; thick capsule; vary in size; mucicarmine highlights capsule; india ink; reproduc- tion by budding; no inflammation	90% of cases localized in the lungs; skin lesions in 15% of patients with disseminated infection; meningitis in immunocompromised patients

Practice Questions

- 1. The fungus classically associated with erythematous nodules along the lymphatics on the extremities is:
 - a. chromomycosis
 - b. coccidioidomycosis
 - c. mycetoma
 - d. paracoccidioidomycosis
 - e. sporotrichosis
- 2. The fungal infection that invades blood vessels of diabetics by broad nonseptate hyphae is:
 - a. aspergillosis
 - b. candidiasis
 - c. cryptococcosis
 - d. hyalohyphomycosis
 - e. zygomycosis
- 3. A rural farmer presents with verrucous plaques on his hand of several weeks' duration. A biopsy revealed round, brown, pigmented bodies resembling copper pennies in the dermis. Which of the following is the most likely causative organism?
 - a. Blastomyces dermatitidis
 - b. Fonsecaea pedrosoi
 - c. Fusarium solani
 - d. Madurella mycetomi
 - e. Paracoccidioides brasiliensis
- 4. Mucicarmine is most helpful to identify gelatinous capsules in:
 - a. blastomycosis
 - b. candidiasis
 - c. cryptococcosis
 - d. mucormycosis
 - e. sporotrichosis
- 5. A student in a town near the Ohio River reports a headache, fever, nonproductive cough, and papular skin eruption. He has enjoyed the weekends exploring caves. The pathology from a skin biopsy showed small intracellular yeast forms with pseudocapsules. Which of the following is the most likely pathogen?
 - a. Aspergillus fumigatus
 - b. Coccidioides immitis
 - c. Histoplasma capsulatum
 - d. Paracoccidioides brasiliensis
 - e. Sporothrix schenckii

Fact sheets and practice questions will be posted monthly. Answers are posted separately at www.cutis.com.