

CHROMOBLASTOMYCOSIS: REPORT OF TWO CASES

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Abstract

Background : Chromoblastomycosis (CBM) is a chronic cutaneous fungal disease that occurs mainly in tropical countries and it is difficult to treat, particularly in long-standing cases.

Objective : The objective of this case report is to document 2 cases of chromoblastomycosis in Indonesia which focus on the diagnosis and its therapy .

Cases : The first patient showed verrucous plaque over the burn scar on the right lower leg for 2 years period without any history of trauma and non-immunosuppressed condition. The second patient that had history of aplastic anemia for 10 years showed verrucous plaque over the haemorrhagic ulcer on the right arm after a history of insect bite and metastized as nodular lesion at the back only for 2 months. From direct microscopic and histopathology examination revealed single sclerotic body and pseudoepitheliomatous hyperplasia. Both cases were treated with pulse dose itraconazole.

Discussion : The diagnosis of CBM can be determined by clinical and pathological data and confirmed by microbiology. It is difficult to treat CBM due to its chronicity and well-known resistance to simple therapies. Prolonged treatment with systemic antifungal agents alone or combination provides the best chance of cure. Pulse itraconazole is thought to be effective, more economic with better compliance than continuous one in the treatment of CBM.

Keywords: chromoblastomycosis, pulse itraconazole

Abstrak

Latar belakang: Kromoblastomikosis merupakan penyakit jamur kutan kronis yang didapatkan di daerah tropis dan sulit diterapi terutama untuk kasus yang lama.

Tujuan: Melaporkan 2 kasus kromoblastomikosis di Indonesia dengan pembahasan ditekankan pada diagnosis dan terapi.

Kasus: Pada kasus pertama didapatkan plak verukosa di atas luka bakar selama 2 tahun tanpa adanya riwayat trauma atau kondisi imunokompromais. Pada kasus kedua, didapatkan plak verukosa pada ulkus hemoragik di lengan kanan setelah riwayat gigitan nyamuk dan lesi nodul soliter pada punggung yang muncul 2 bulan setelah lesi pertama serta didapatkan riwayat anemia aplastika selama 10 tahun. Pemeriksaan histopatologis kedua kasus menunjukkan badan sklerotik dan hiperplasia pseudoepiteliomatosa. Kedua kasus diterapi dengan itrakonazol dosis pulse.

Diskusi: Diagnosis kromoblastomikosis ditegakkan secara klinis, patologis dan mikrobiologis. Kromoblastomikosis yang bersifat kronis dan beberapa dilaporkan resisten terhadap terapi menyebabkan kasus ini sulit diterapi. Terapi jangka panjang menggunakan obat antijamur sistemik single atau kombinasi memberikan kesembuhan yang baik. Itrakonazole dosis pulse dilaporkan efektif, lebih bernilai ekonomis dan memberikan tingkat kepatuhan yang baik untuk pengobatan kromoblastomikosis dibandingkan dengan dosis kontinyu.

Introduction

Chromoblastomycosis (CBM) is a chronic cutaneous and subcutaneous fungal infection caused by dimorphic, filamentous fungi of the Dematiaceae family (filamentous fungi with melanic-type pigment in the wall), developing at the site of a previous transcutaneous trauma^{1,2}. In the ensuing of inflammation, they form thick-walled single cells or cluster cells (sclerotic or muriform bodies), and these may elicit a marked form of pseudoepitheliomatous hyperplasia³. The most common agents are *Fonsecaea pedrosoi* and *Cladophialophora*

carrionii. Less frequently, the disease are caused by *Phialophora verrucosa*, *Fonsecaea compacta*, *Rhinoctadiella aquaspersa*, *Exophiala dermatitidis*, *Wangiella dermatitidis*, *Exophiala jeanselmei* or *Exophiala spinifera* occur in descending order of frequency. These fungi can be found in vegetation, decaying wood or soil^{1,4}.

Chromoblastomycosis is sporadic infection that is most commonly seen in rural population in countries with a tropical and subtropical climates such as Africa (Madagascar and