PALPEBRAL SPOROTRICHOSIS

O. FISCHMAN *
M. A. ALCHORNE **
Z. P. DE CAMARGO ***
R. BELFORT JR. ****

ABSTRACT

A case of palpebral sporotrichosis is studied. Attention is called to minimal or atypical forms which offer diagnostic difficulties; to the existence of familial sporotrichosis cases due to the same source infecting different members of a family.

INTRODUCTION

Sporotrichosis is a mycosis with a world-wide distribution. In recent years it has become most common in America, especially in Brazil and Mexico.

Although the limbs are the areas most frequently affected by the fungus, lesions may be found on any site of the human body. The epidemiology of ocular sporotrichosis has been reviewed by GORDON (1947) who quoted 48 observations in all, only two of them from Brazil. McGRATH & SINGER (1952), in a new revision of world sporotrichosis, described a new case and added six more to GORDON's statistics.

The involvement of the eye and its annexes is not so commonly observed in Brazil. The first cases were presented by ALEIXO (1919, 1919b), and SILVA (1919, 1921); new observations were described (ORSINI, 1923; ANDRADE, 1924, 1935; FONSECA, 1931; CAMPOS, 1936; CASTRO & AMATO, 1939; ROCHA, 1940, 1952). There are references to ocular sporotrichosis cases in the publications of PUPO (1920), NEVES (1929), ALMEIDA (1950), SOARES et al (1952), ALMEIDA et al (1955).

The present paper describes a palpebral sporotrichosis case in São Paulo, Brazil.

MATERIAL AND METHODS

Case report — In March, 1973, M. A. C., 31 years old, female, was seen by one of us (M. M. A. A.). She presented three gummatous foci on

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* Department of Microbiology and Parasitology.
** Department of Medicine; section of Dermatology.
*** Fellow of «Fundação de Amparo à Pesquisa do Estado de São Paulo».
**** Department of Surgery; section of Ophthalmology.

her superior right lid, one on an orbicular site, and some pustules that had appeared 70 days before (fig.) .

A diagnosis of pyodermatitis had been made and antibiotictherapy given with no results.

Mycology — Exudate and pus from the lesions were submitted to direct microscopic examination and cultured on Mycosel agar (BBL). The identification of **Sporothrix schenckii** cultures was confirmed by conversion to the yeastlike form of the fungus on BHI agar at 37 °C.

An intradermoreaction with Sporotrichin antigen was performed.

Fig. Palpebral sporotrichosis case.

RESULTS

Direct microscopic examination of the exudate and pus from the lesions did not disclose any fungus.

S. schenckii was recovered in all tubes inoculated. The cultures revealed macro and micromorphologically the classical characteristics of a **S. schenckii** culture.

The Sporotrichin test was read after 48 hours and showed an indurated area 2cm. in diameter.

COMMENTS

The areas of prevalence of sporotrichosis infection have changed on some occasions. At the beginning of the century it was most common in France, from where it has now almost disappeared. In recent years the disease has been most common in South and Central America; although there are still areas of high endemicity in Brazil, its incidence appears to be decreasing, in São Paulo. From 1965 to 1973 the disease dropped from 3 to 0.7% of the total examinations made.*

S. schenckii exists as a saprophyte in nature, growing on plants, wood, timber, debris and soil. It is understandable therefore that the disease

is more common in certain occupations which involve close contact with the infected material. The mycosis may sometimes be familial, as different members of a family are often exposed to the same source of infection (SILVA & GUIMARÃES, 1964); a similar explanation applies in the cases described by ALEIXO (191b), PUPO (197, 1920), NEVES (1920), RABELO Jr. & RUTOWITSCH (1940), SOARES et al (1952). A sister of our patient had had a sporotrichosis infection in her arm, 6 months previously. In both cases the mycosis was attributed to their having been wounded by infected thorns when arranging flowers.

Cutaneous lymphangitic sporotrichosis appears to be the most frequent clinical picture observed; **S. schenckii** should be suspected as the agent in all cases of nodular lesions with subsequent lymphatic nodule formation. Sporotrichosis infections do not, however, always present these typical characteristics and the possibility of such a causal agent should be held in mind in cases where minimal or atypical lesions are presented. These less characteristic clinical forms which do not suggest the mycosis are diagnosed only by the aid of a laboratory examination. Our patient showed no lymphatic reaction and the lesion was treated initially as a single case of pyodermatitis using antibiotictherapy. When the possibility of sporotrichosis infection was thought of, a laboratory diagnosis was performed by culturing the fungus and adequate treatment given.

Brazilian literature on ocular mycosis is very poor, probably due to an insufficient collaboration between the clinics and the laboratories, and also to the relative disinterest in the subject shown by oculists in general (ALMEIDA, 1950).

SUMMARY

A case of palpebral sporotrichosis infection is studied in São Paulo. Revision of the Brazilian literature is made. Attention is called to minimal or atypical clinical forms which offer diagnostic difficulties; to the decreasing number of cases in São Paulo; and to the existence of familial sporotrichosis cases due to the same source infecting different members of a family.

ZUSAMMENFASSUNG

Es wird ein Fall von Augenlid Sporotrichosis beschrieben, mit einer Übersicht der Brasilianischen Literatur über diese Mykose.

Verfasser lenkt die Aufmerksamkeit auf minimale und atypische Formen, mit schwieriger Diagnose; auf die weniger grosse Häufigkeit der Fälle in São Paulo (Brasilien), und auf die Infektion von verschiedenen Mitglieder einer Familie durch dieselbe Ursache.

RESUMO

É descrito um caso de esporotricose palpebral e revisada a literatura nacional sobre o assunto.

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É interessante chamar atenção para as formas mínimas ou atípicas da esporotricose que oferecem dificuldade no diagnóstico; para o decréscimo do número de casos em São Paulo; para a existência de casos familiares em que membros de uma família estão sujeitos à mesma fonte de infecção.

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Address: Olga Fischman — Departamento de Microbiologia e Parasitologia, Escola Paulista de Medicina, Rua Botucatu 862, São Paulo, Brasil.