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Visual Treats in Dermatology

Subcutaneous zygomycosis

Arunachalam Narayanan¹, Sunke Vamshi Anurag¹

¹Department of Dermatology, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India.



*Corresponding author: Arunachalam Narayanan, Department of Dermatology, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India.

narayanan359@gmail.com

Received: 22 December 2021 Accepted: 22 December 2021 Published: 07 January 2022

DOI

10.25259/CSDM_71_2021

Quick Response Code:



A 55-year-old male patient presented with a painless, subcutaneous, slowly spreading, discshaped, indurated plaque over the anterolateral aspect of the left thigh [Figure 1] for 6 months. Fingers could be insinuated under the disc-like plaque from the periphery of the lesion. There was no history of prior trauma, pain, tenderness, itching, warmth, erythema, or discharge from the plaque. Histopathological examination revealed mixed inflammatory infiltrate in the subcutis with few scattered aseptate fungal hyphae surrounded by eosinophilic material suggestive of Splendore-Hoeppli phenomenon. Based on these clinical and histopathological findings, we made a diagnosis of subcutaneous zygomycosis. Subcutaneous zygomycosis caused by Basidiobolus ranarum typically involves the thighs and buttocks. The infection nearly almost always occurs in immunocompetent individuals.^[1] Treatment options include systemic therapy with potassium iodide, itraconazole, amphotericin B, local hyperbaric oxygen, and surgical debridement.



Figure 1: Painless, subcutaneous, slowly spreading, disc-shaped, indurated plaque over the anterolateral aspect of the left thigh.

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Declaration of patient consent

Patient's consent is not required as patient's identity is neither disclosed nor compromised.

Financial support and sponsorship

Conflicts of interest

There are no conflicts of interest.

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How to cite this article: Narayanan A, Anurag SV. Subcutaneous zygomycosis. CosmoDerma 2022;2:2.