

CloseUP Nº 335 (Respuesta)

Piel Latinoamericana

Dr. Antonio Plascencia

- Masculino 62 años
- Timucuy, Yucatán.
- Campesino

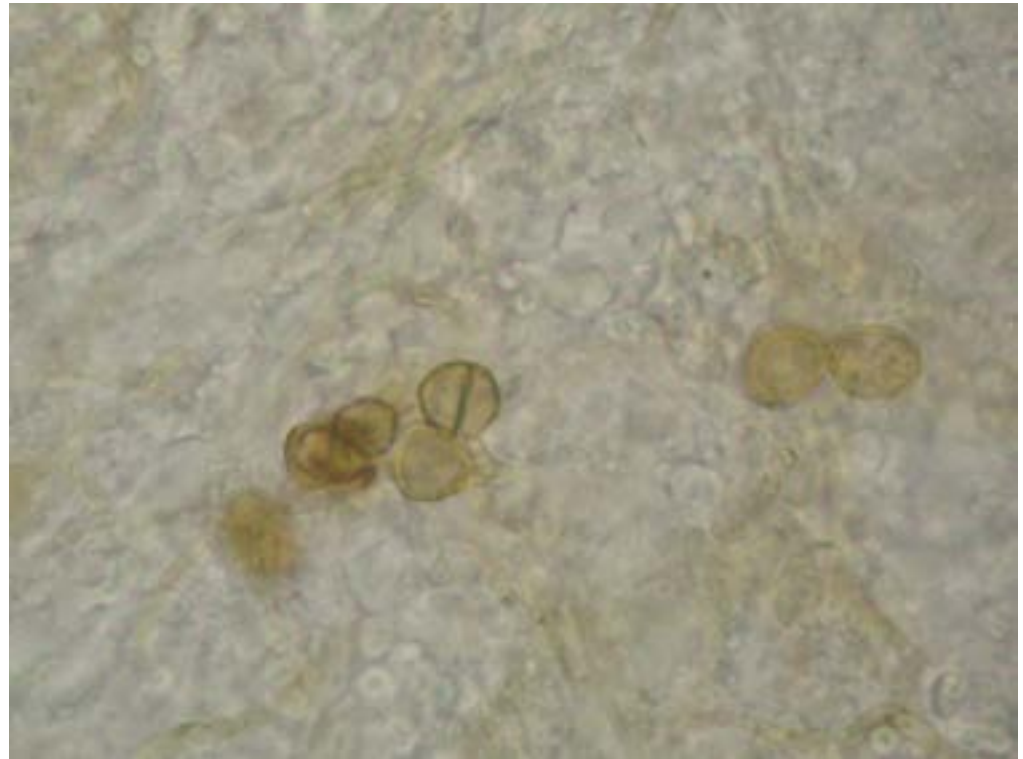
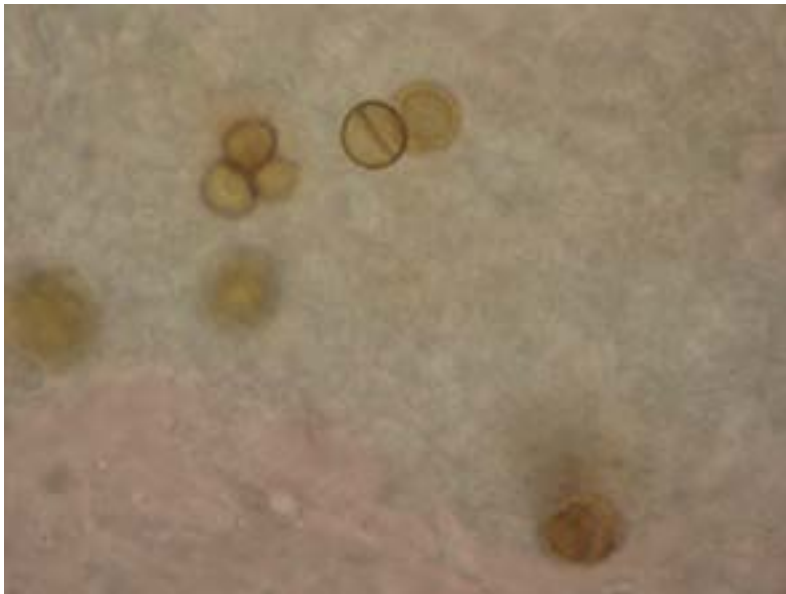
- Dermatitis localizada
- 10 años de evolución
- Múltiples tratamientos





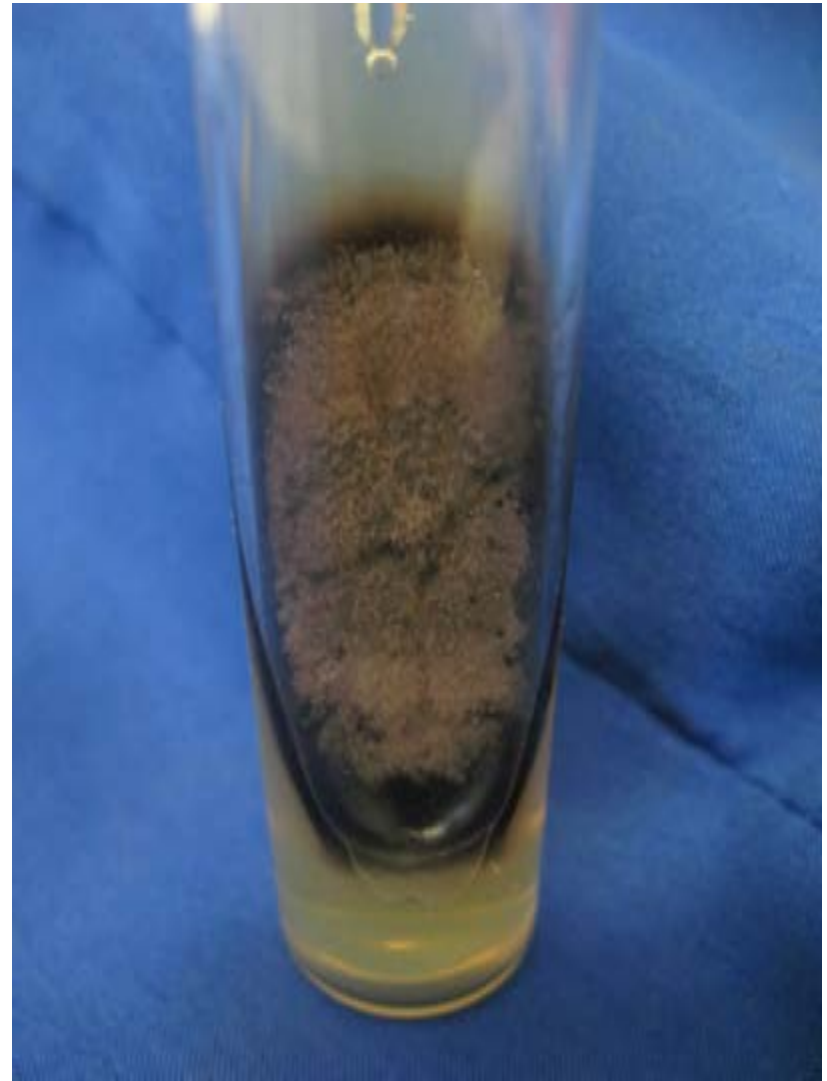
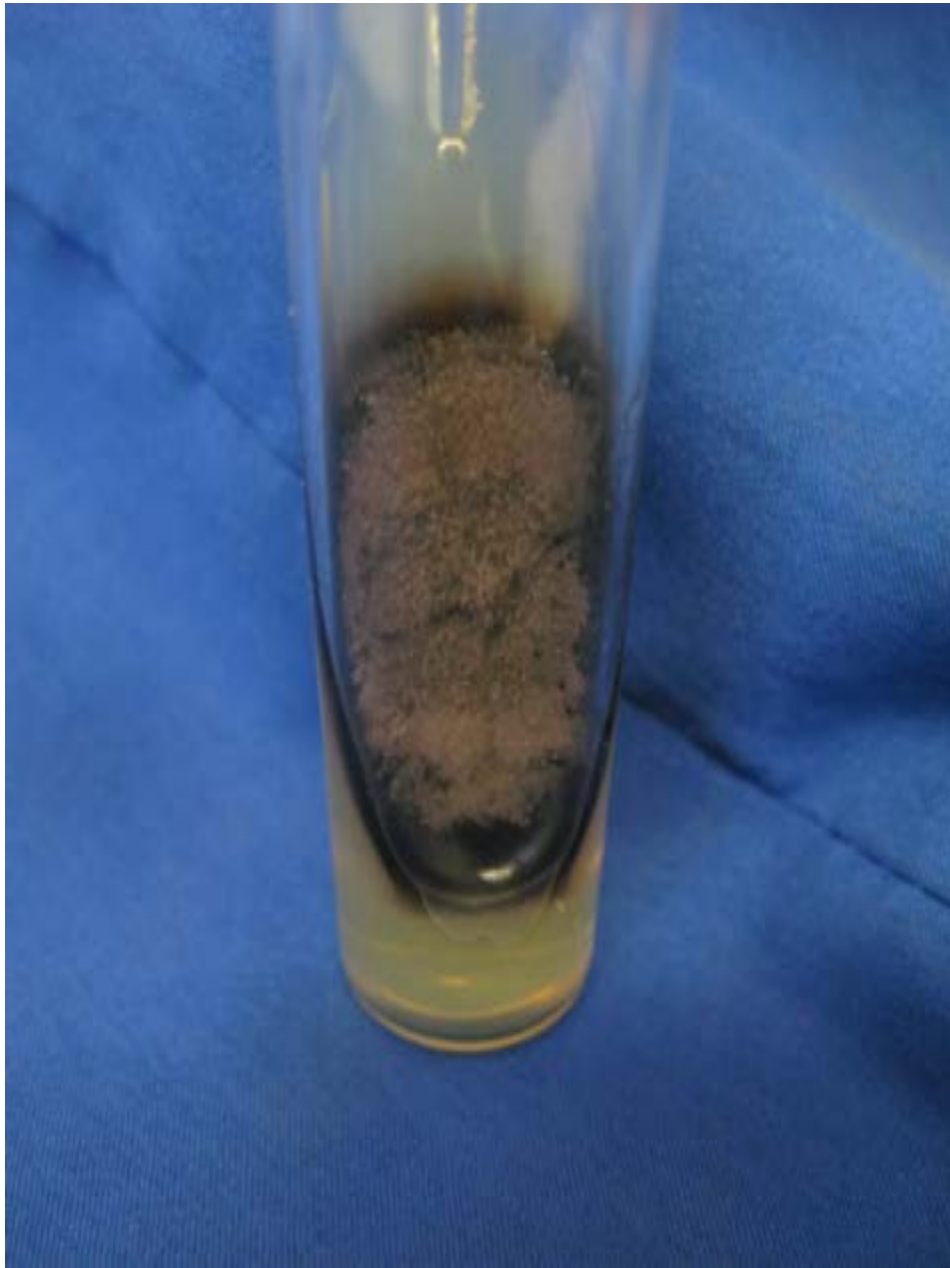
- ¿Diagnósticos?
 - Ulcera de los chicleros
 - Carcinoma baso celular
 - Cromoblastomycosis

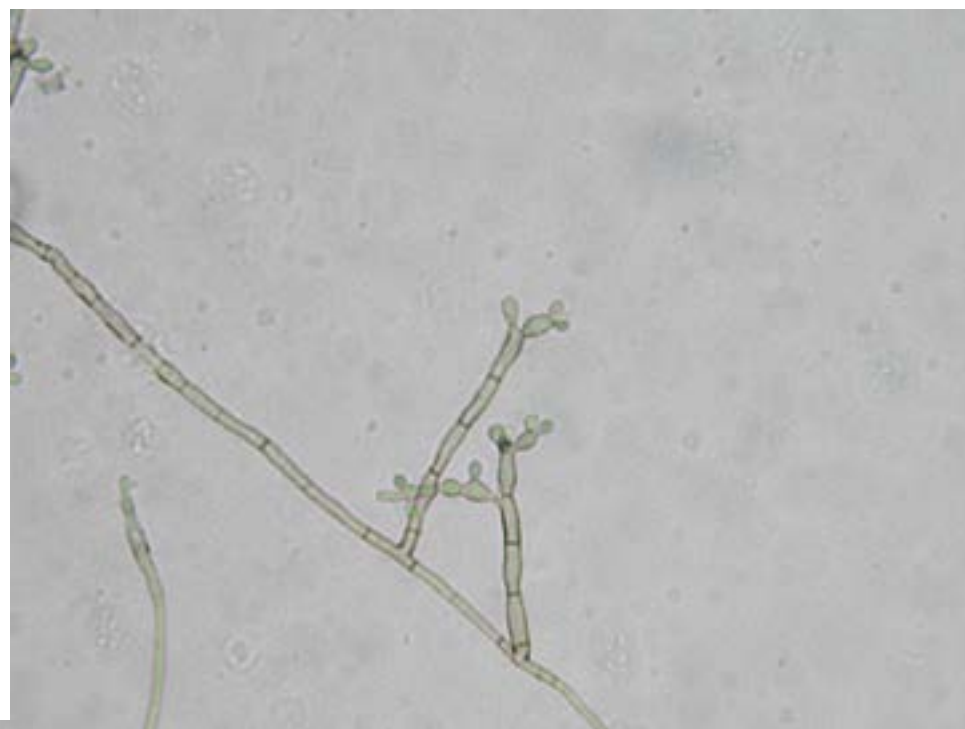
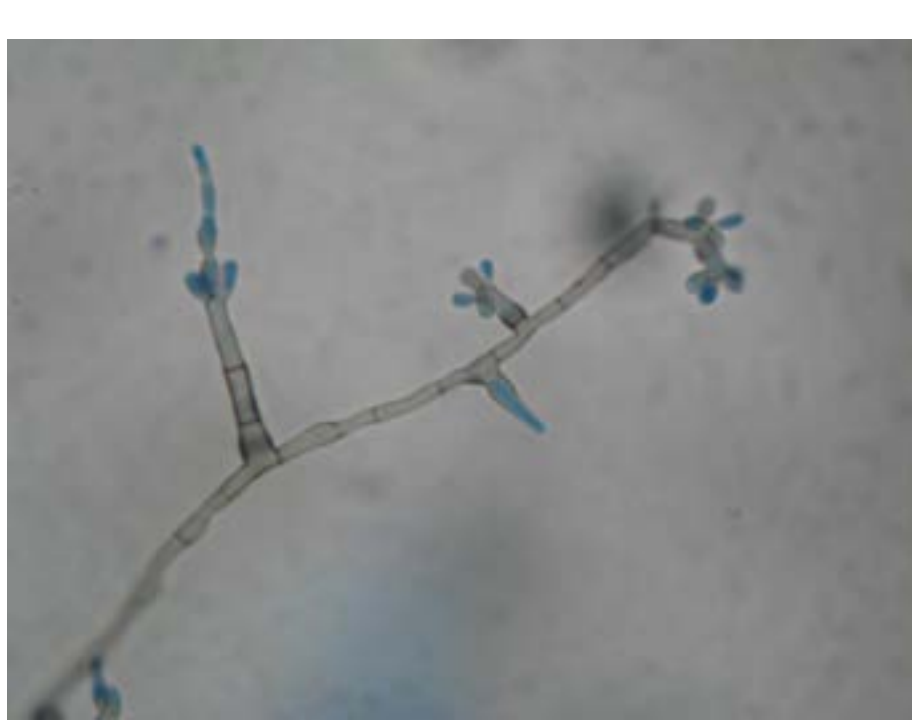
Examen directo de la lesión





Cultivo





Examen directo del cultivo.



2 mes tratamiento
Itraconazol 200mg/dia



- El paciente lleva 4 meses con itraconazol 200mg/dia
- E iniciaremos además crioterapia.
- Aun no se considera curado.

Cromoblastomycosis en pabellones auriculares

- Micosis subcutánea o profunda
- Crónica
- Áreas tropicales y subtropicales
- Descrita en 1920 en Brasil
 - Pedroso y Gomes
- Hongos dematiáceos
 - *Fonseca pedrosoi*
 - *Cladophialophora carrionii*

Table 1 Principal aetiological species of chromoblastomycosis.

<i>Fonsecaea pedrosoi</i>	Most common agent worldwide (70–90%). Responsible for majority of cases in Brazil, Mexico, Northern Madagascar and Japan
<i>Cladophialophora carrionii</i>	Predominant agent in dry endemic regions. Main species in Australia, Southern Madagascar, South Africa and Cuba
<i>Phialophora verrucosa</i>	Also an important cause of phaeohyphomycosis
<i>Fonsecaea compacta</i> , <i>Exophiala jeanselmei</i> , <i>Exophiala spinifera</i> , <i>Rhinocladiella aquaspersa</i>	Rare agents of chromoblastomycosis

- Clínica:
 - Topografía:
 - Miembros inferiores
 - Miembros superiores
 - Tronco
 - Cara (raro)
 - Orejas
 - Nariz
 - Genitales (raro)
 - Placas verrugosas
 - Psoriasiformes
 - Coliflor
 - 60%: prurito y dolor



Cromoblastomycosis en la oreja

- 7 casos reportados en la literatura
 - M 29 años
 - Culiacán
 - 5 M de evolución
 - *Fonsecaea pedrosoi*
 - Itraconazol
 - 200/día por 10 sem



Figura 1. A. Placa atrófica descamativa y ulcerada, de bordes irregulares; en su superficie se observan pequeños puntos negros. B. Extensión de la lesión hacia la región posterior de la oreja.

Auricular Chromoblastomycosis: A Case Report and Review of Published Literature

Katlein França · Ricardo Tadeu Villa · Viviane Reis de Azevedo Bastos · Ana Carolina C. Almeida · Katyane Massucatti · Daniella Fukumaru · Valcinir Bedin

- M 67
- Sao Paulo
- 3 A evolución
- *Fonsecaea pedrosoi*
- Itraconazol 200mg/dia por 10 M y 8 sesiones de crioterapia





- Concluye
 - Orejas: poca respuesta
 - Poca cura micologica
 - Combinar
 - Itraconazol
 - Terbinafina
 - Crioterapia
 - Cirugía

Table 1 Summary of 04 cases of auricular chromoblastomycosis already published

Origin	Genera M/F ^a	Age	Isolated Agent	Duration in years	Treatment (drug/dosage)	Outcome	Reference
Colombia	M	60	<i>Rhinocladiella aquaspersa</i>	5	– ^b	– ^b	[13]
Brazil	M	66	<i>Phialophora verrucosa</i>	3	– ^b	Improvement of the lesion, but no cure	[14]
Cuba	M	45	<i>Fonsecaea pedrosoi</i>	15	– ^b	– ^b	[15]
Japan	M	71	<i>Fonsecaea pedrosoi</i>	0,3	Oral Flucytosine/ 7.5 g/day	Complete resolution	[16]

^a M: Male/F:Female^b data not mentioned

- M 60 años
- Colombia
- 5 años de evolución
- *Rhinocladiella aquaspersa*
- Itraconazol 200mg/
dia por 7 M

Bittencourt AL, Londero AT, Andrade JA. Auricular chromoblastomycosis. A case report. Rev Inst Med Trop Sao Paulo. 1994;36(4):381-3.

Moya Duque S, Simón RD, Grillo Martínez R, Falcón Lincheta L. Chromomycosis with unusual location. Presentation of 2 cases. Rev Cubana Med Trop. 1989;41(1):93-101.

Iwatsu T, Takano M, Okamoto S. Auricular chromomycosis.
Arch Dermatol. 1983;119(1):88-9.

Clark RF. Chromoblastomycosis of the ear. Successful intralesional therapy with amphotericin B. Cutis. 1979 Sep;24(3):326-8

Table 2 Therapeutic regimens for chromoblastomycosis.

Treatment regimen	Species (n = number of cases)	Therapy response	Reference
Itraconazole 200–400 mg once daily	<i>F. pedrosoi</i> (n = 46) <i>F. pedrosoi</i> (n = 30)	31% cured and 57% improved Clinical and mycological cure in: 90% with mild/moderate disease, 44% with severe disease	Bonifaz <i>et al.</i> ⁶ Queiroz-Telles <i>et al.</i> ¹⁷
Itraconazole pulse therapy 400 mg once daily for 1 week monthly	<i>F. pedrosoi</i> (n = 6)	Cure after 12 months (n = 4), > 50% improvement (n = 2)	Ungpakorn & Reangchainam ²³
Terbinafine 500 mg once daily	<i>F. pedrosoi</i> (n = 37) <i>C. carrionii</i> (n = 9)	Marked clinical improvement after 2–4 months; 83% mycological cure after 12 months	Esterre <i>et al.</i> ¹⁶
	<i>F. pedrosoi</i> (n = 3) <i>P. verrucosa</i> (n = 1)	Clinical and mycological cure after mean of 7 months	Bonifaz <i>et al.</i> ¹⁸
	<i>F. pedrosoi</i> (n = 2) <i>C. carrionii</i> (n = 2)	Clinical cure after 4–8 months (37.5–60 g cumulative dose)	Xibao <i>et al.</i> ¹⁹
Itraconazole (200–400 mg once daily) and terbinafine (250–1000 mg once daily) combination therapy	<i>F. pedrosoi</i> (n = 4)	Clinical and mycological cure in 3 cases after mean of 6 months	Gupta <i>et al.</i> ²⁴
Posaconazole 800 mg once daily	<i>F. pedrosoi</i> (n = 6)	Cure in 4 cases after mean of 269 days	Negróni <i>et al.</i> ²⁸
Cryotherapy	<i>F. pedrosoi</i> (n = 4) <i>F. pedrosoi</i> (n = 22)	Cure after mean of 3 cryotherapy sessions Clinical and mycological cure in 41%, and clinical cure in further 36% (mean of 7 sessions, range 1–22)	Bonifaz <i>et al.</i> ¹² Castro <i>et al.</i> ¹³

C., Cladophialophora; F., Fonsecaea; P., Phialophora.