To recognize that disseminated sporotrichosis can present in immunocompetent patients

To recognize that there can be extracutaneous manifestations of sporotrichosis, including upper airway involvement

**History of Present Illness**

An 89 year old Laotian man presented with a four-month history of skin lesions that did not resolve with two courses of oral antibiotics, a recent 10# weight loss and severe dysphagia limiting oral intake. The lesions started on the dorsal aspects of his feet, ascending to his legs, trunk, arms and face. Each lesion started out as a hard raised painful "bump". Each lesion would then swell and subsequently drain pus. Finally, the lesions became ulcerated and more painful, eventually scabbing over.

**Social History**

Moved from Laos in 1980. Denied history of alcohol or drug use. He was retired but frequently gambled with other Laotian immigrants. He denied any recent travel, gardening, or time outdoors but did report exposure to outdoor dwelling cats.

**Past Medical History:** Gout, Diabetes mellitus (2)

**Physical Exam**

VS: Temp 35.7°C, pulse 103, BP 76/49, RR 18, 97% on RA

GEN: Thin elderly man in apparent discomfort

SKIN: Multiple cutaneous abscesses and tender ulcerated nodules in various stages of healing on his chin, trunk, elbows, fingers and dorsal aspects of both hands and both feet. There was exposed bone underlying an abscess on the right second toe.

**Labs:**

WBC 10.3, Hbg 10.5, Hct 31.9, Platelet 354

K+ 2.9, Cr 1.4

HIV and Hepatitis panel Negative

**Micro:**

7/5 blood cx: negative x2

7/5 wound fungal cx Sporothrix schenckii

7/10 R foot bone cx: Sporothrix schenckii

**Microbiology showing the classic rosette pattern**

Below: Radiographs demonstrating multiple lucent areas consistent with disseminated disease

**Learning Objectives**

- To recognize that disseminated sporotrichosis can present in immunocompetent patients
- To recognize that there can be extracutaneous manifestations of sporotrichosis, including upper airway involvement

**Case Information**

**Disseminated sporotrichosis**

- Very rare in immunocompetent hosts and more commonly described in patients with AIDS or other immunocompromised conditions
- Usual mode of infection is by cutaneous inoculation of the organism—usually with minor trauma during outdoor work
- Infections are most often sporadic
- Osteoarticular involvement of disseminated sporotrichosis is the second most commonly affected site after skin and may occur either by direct inoculation or by hematogenous spread
- Involvement of the upper airway, as in our patient, has previously only been reported once in the medical literature
- Infection with S. schenckii has also clearly been associated with zoonotic spread from infected cats or scratches from digging animals, such as armadillos
- Our patient denied any recent travel or gardening, but did report exposure to outdoor dwelling cats—the most likely source of his severe infection

**Discussions**

- Patient presented with multiple skin abscesses and ulcers in different stages of healing.
- Bilateral Lower extremity x-rays showed multiple lucent areas on tibias and fibulas, consistent with disseminated disease.
- His 2nd right toe required amputation due to exposed bone. Multiple abscesses required drainage for source control.
- Wound and bone cultures grew Sporothrix Schenckii.
- Due to dysphagia, ENT surgeons performed biopsies of the left false vocal cord, which showed granulomatous inflammation consistent with sporotrichosis.
- The patient was treated with Itraconazole and slowly improved over the next several weeks.

**Hospital Course**

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**References**


