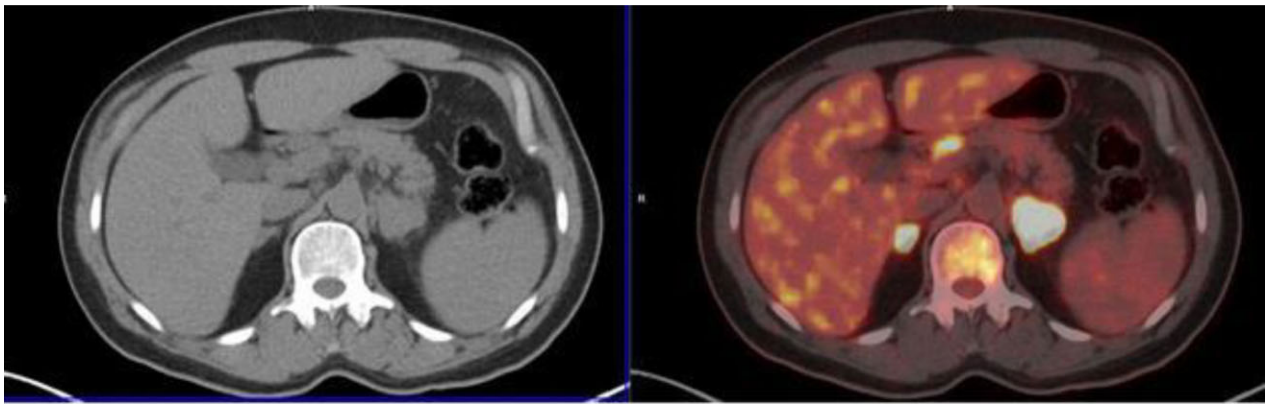

**P225**

**Subcutaneous phaeohyphomycosis by *Phaeoacremonium* species in a renal transplant recipient**

Manibhushan Kumar, Harsimran Kaur, Haseen Ahmad, Dipankar De, Shivaprakash M. Rudramurthy
Post Graduate Institute of Medical Education and Research, Chandigarh, India, Chandigarh, India

Poster session 2, September 22, 2022, 12:30 PM - 1:30 PM

Objective: Phaeohyphomycosis refers to infections due to a large group of heterogenous organisms called 'dematiaceous' or 'melanized' fungi. The infection exhibits a wide spectrum of presentations such as deep local infections, pulmonary infection, cerebral infection, and disseminated disease, which are associated with high mortality. The incidence of phaeohyphomycosis among solid organ transplant recipients is 0.7%. Hereby, we report a case of phaeohyphomycosis in a post renal transplant patient who presented with a subcutaneous swelling over the right elbow region.

Method: A detailed history was obtained from the patient after informed consent. The cystic fluid was subjected to microbiological including bacterial (Gram stain, culture on blood agar incubated at 37°C) and fungal investigations [Calcofluor potassium hydroxide (KOH) mount, culture on Sabouraud dextrose agar (SDA) incubated at 37°C and 25°C and brain heart infusion agar (BHI) incubated at 25°C]. The identification of isolate was done phenotypically by preparing lactophenol cotton blue (LCB) mount from slide culture and molecular technique using Sanger's sequencing.

Result: A 61-year-old diabetic and post renal transplant (7 years) male presented with complaints of swelling over the right elbow region for 5 months duration. Swelling was insidious in onset, gradually progressive, painless, cystic, non-pulsatile, non-reducible, ~9 × 7 cm in size, lobular in shape with irregular surface having normal overlying skin which minimally restricting the movement of the elbow. There was no history of trauma over the elbow region. Reddish purulent pus was received for mycological investigation. Calcofluor KOH mount demonstrated septate hyphae. Culture on SDA incubated at 37°C and 25°C grew cream-colored colonies, turning grayish beige to olive-brown and developed clusters of aerial hyphae with reverse tan to brown in color after 2 weeks of incubation. LCB mount showed hyaline to brownish hyphae, cylindrical phialides growing along the hyphae with slightly tapering towards the apex, hyaline, oblong, conidia, gathering in clusters at end of phialide. Phenotypically, the fungus was identified as *Phaeoacremonium* species and molecular identification and antifungal susceptibility are awaited. Patient was advised for surgical excision but he left against medical advice. Currently, he is not receiving any antifungals.

Conclusion: Phaeohyphomycosis is a rare and unique entity among fungal infections. Cutaneous phaeohyphomycosis predominantly occurs on the extremities with a localized solitary nodule or abscess. A high index of suspicion and the surgical approach including excision or debridement are mainly chosen.