



## Case illustrated

## Paracoccidioidomycosis in the external ear

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Paracoccidioidomycosis is a severe systemic infection of chronic insidious nature caused by *Paracoccidioides brasiliensis* (*P. brasiliensis*). It is a thermally dimorphic fungus acquired by the respiratory tract through the inhalation of conidia in the air. Men over the age of 40, smokers and alcoholics are the most affected.

A 45 year-old male smoker and alcoholic, resident in a rural area, presented to the emergency of otorhinolaryngology with complaint of otalgia and drainage in the right ear for 2 months. The otorhinolaryngological examination evidenced lesion with abundant secretion in the external auditory canal and right auricular pinna (Fig. 1A, B). Histopathological diagnosis revealed *P. brasiliensis* infection [1,2] (Fig. C). Throughout the treatment there was improvement of the infection, however with stenosis in the external auditory canal (Fig. D)

The prescribed dose was Itraconazole 200mg/day for 9 months, and Sulfamethoxazole associated Trimethoprim 800/160mg/day for 12 months. During the treatment until to medical discharge were performed maintenance and periodic follow-up to the outpatient clinic initially from the otorhinolaryngology team, and with continuity in Infectology [3,4,5].

No similar case descriptions were found in the searched databases. Therefore, this description of a rare case demonstrates the importance of the differential diagnosis of lesions in the arial

region in individuals living in rural areas, since the systemic disease can seriously compromise the patient's health, with serious complications that can lead to death.

## Authorship statement

All persons who meet authorship criteria are listed as authors, and all authors certify that they have participated sufficiently in the work to take public responsibility for the content, including participation in the concept, design, analysis, writing, or revision of the manuscript.

## Authorship contributions

Conception and design of study: H.V.L Ramos, V.C. Guimaraes, I. J.L. Amaral;

Acquisition of data: H.V.L. Ramos, J.V.B. Castro;

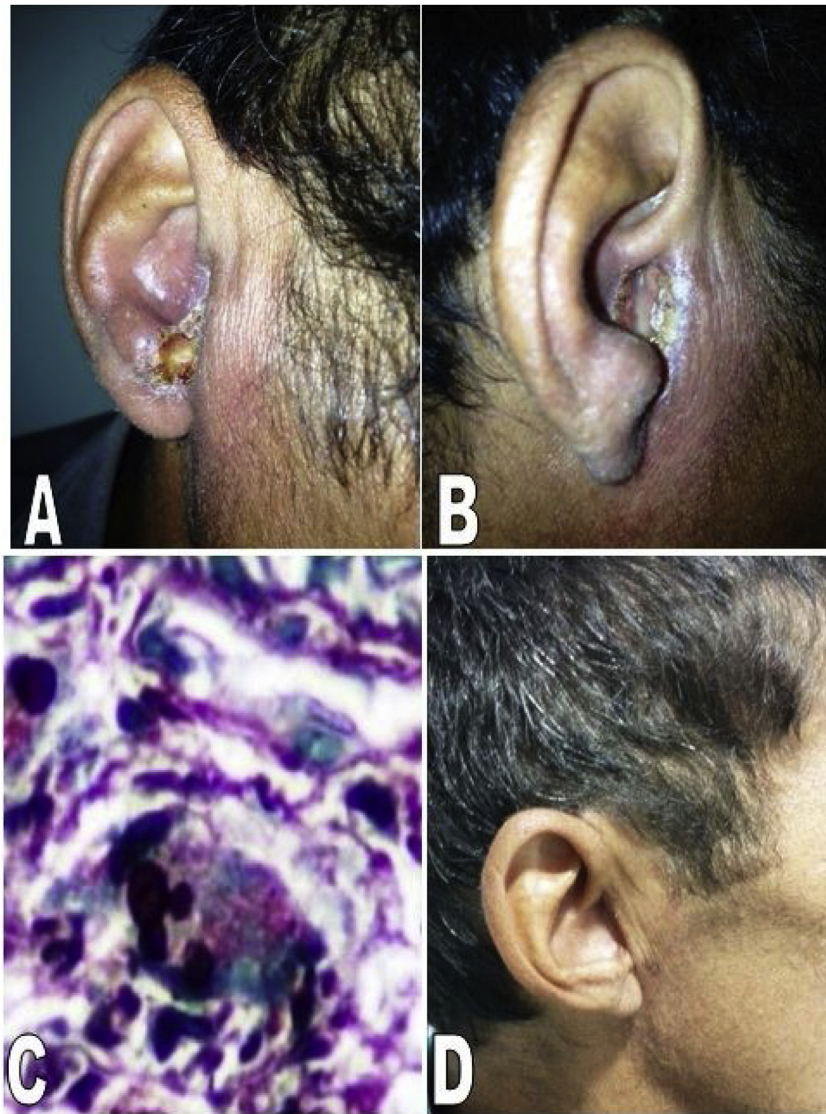
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**Fig. 1.** External auditory canal and right ear pavilion A and B: Necrotizing lesion; C: Grocott 400X budding formation Mickey Mouse type; D: Stenosis without external auditory canal.

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