Enlarging verrucous plaque in a Guatemalan male

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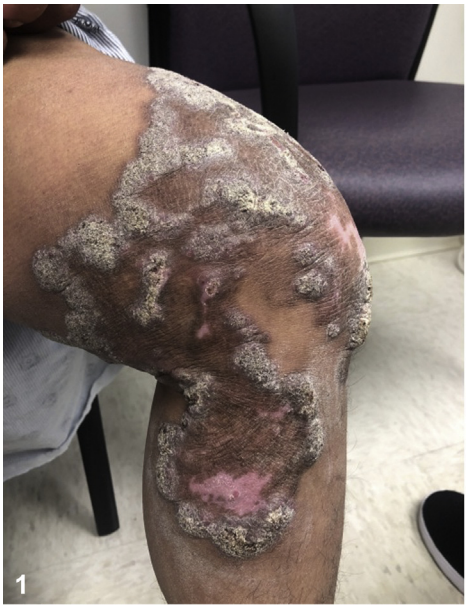

Fig 1. By Sarah A. Ibrahim, BA, Luke S. Wallis, MD, Brittany Cody, DO, and Kevin P. Cavanaugh, MD.

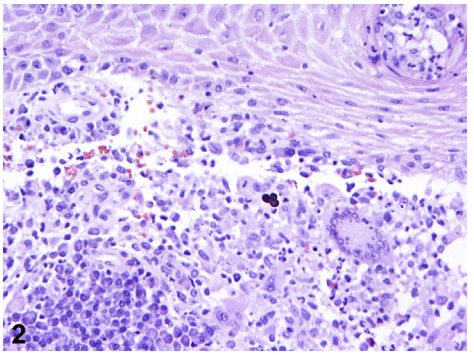

Fig 2. By Sarah A. Ibrahim, BA, Luke S. Wallis, MD, Brittany Cody, DO, and Kevin P. Cavanaugh, MD.

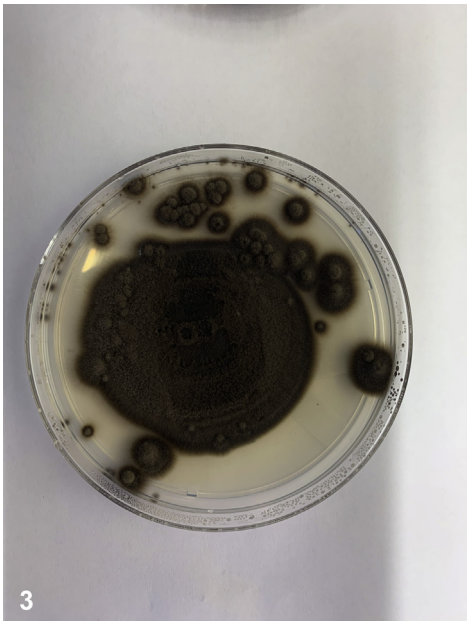

Fig 3. By Sarah A. Ibrahim, BA, Luke S. Wallis, MD, Brittany Cody, DO, and Kevin P. Cavanaugh, MD.

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CASE PRESENTATION

A 43-year-old man is being evaluated for intractable pain from an enlarging plaque of 10 years' duration on his left knee. He emigrated from Guatemala 6 months ago and previously worked as a farmer and forklift driver. Originally focal, the lesion progressed to encompass the entire knee, medial leg, and distal thigh. Prior treatment with topical triamcinolone provided no benefit in reducing lesion size or symptoms. Physical examination demonstrates a 30 × 40−cm, indurated, verrucous plaque with central scarring, scalloped borders, and overlying white adherent scale (Fig 1). Punch biopsy (Fig 2) and DNA hybridization of the lesion are performed. Tissue cultures yield black colonies with branched, septate hyphae and erect ovoid to barrel-shaped conidia (Fig 3).

Based on the clinical history and accompanying images, what is the most likely diagnosis?

A. Cutaneous sarcoidosis
B. Chromoblastomycosis
C. Disseminated blastomycosis
D. Cutaneous tuberculosis
E. Eumycetoma

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Conflicts of interest

The authors have no conflicts of interest to declare.