Images in Clinical Tropical Medicine Cutaneous Coccidioidomycosis with Tissue Arthroconidia

Alexandro Bonifaz,¹* Andrés Tirado-Sánchez,¹ and Gloria M. González²

¹Department of Dermatology and Mycology, Hospital General de Mexico Dr. Eduardo Liceaga, Mexico City, Mexico; ²Department of Microbiology, School of Medicine, Universidad Autónoma de Nuevo León, San Nicolas de los Garza, Mexico

A 52-year-old man from Tijuana, Mexico, was studied for a 4-year cutaneous disease, characterized by verrucous lesions. He presented with fever and regional adenopathy (cervical, supraclavicular). Chest computed tomography scans showed normal pulmonary activity. He had a history of chronic alcoholism and uncontrolled diabetes mellitus. The presumptive diagnosis was cutaneous tuberculosis. In mycological studies, spherules were observed. Culture and subsequent PCR tests identified Coccidioides posadasii. Coccidioidin skin test was positive. Histopathology showed a suppurative granuloma. On histological examination, microabscesses with spherules in the inflammatory infiltrate and hyphae with arthroconidia in the corneal layer belonging to Coccidioides sp. were observed (Figure 1). Administration of intravenous amphotericin B and itraconazole achieved clinical and mycological cure.

The largest coccidioidomycosis-endemic area in the world is in the southwestern United States and northwestern Mexico.¹ Most of the cases are pulmonary² and can present with cutaneous dissemination in ganglionic regions; however, there are primary cutaneous cases (by inoculation) generally with a good prognosis.³ *Coccidioides* sp. is a highly infectious dimorphic fungus, which produces spherules with endospores in tissues and hyphae with arthroconidia in the environment or culture media.⁴ The presence of filamentous forms has been previously reported in diabetic patients with pulmonary and neurological diseases,⁵⁻⁷ but never in the skin. In this case, the presence of arthroconidia raises the possibility of contagiousness, although person-to-person transmission of coccidioidomycosis has not been previously demonstrated.

Received August 26, 2018. Accepted for publication December 21, 2018.

Authors' addresses: Alexandro Bonifaz and Andrés Tirado-Sánchez, Department of Dermatology and Mycology, Hospital General de Mexico, Mexico City, Mexico, E-mails: a_bonifaz@yahoo.com.mx and atsdermahgm@gmail.com. Gloria González, Department of Microbiology, School of Medicine, Universidad Autónoma de Nuevo León, San Nicolas de los Garza, Mexico, E-mail: gloria62@hotmail. com.

This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



FIGURE 1. (A) Cutaneous coccidioidomycosis (basal). (B) Coccidioidomycosis after treatment. (C) Histopathology, with granulomatous infiltrate and spherule of *Coccidioides* sp. (hematoxylin and eosin [H&E], 40×). (D) Histopathology at the corneal layer with multiple filaments and rexolytic arthroconidia of *Coccidioides* sp. (H&E, 40×). This figure appears in color at www.ajtmh.org.

REFERENCES

- 1. Welsh O, Vera-Cabrera L, Rendon A, Gonzalez G, Bonifaz A, 2012. Coccidioidomycosis. *Clin Dermatol 30:* 573–591.
- Brennan-Krohn T, Yoon E, Nishino M, Kirby JE, Riedel S, 2018. Arthroconidia in lung tissue: an unusual histopathological finding in pulmonary coccidioidomycosis. *Hum Pathol 71*: 55–59.
- Chang A, Tung RC, McGillis TS, Bergfeld WF, Taylor JS, 2003. Primary cutaneous coccidioidomycosis. J Am Acad Dermatol 49: 944–949.
- 4. DiCaudo DJ, 2006. Coccidioidomycosis: a review and update. J Am Acad Dermatol 55: 929–942.
- Muñoz-Hernández B, Martínez-Rivera MA, Palma Cortés G, Tapia-Díaz A, Manjarrez Zavala ME, 2008. Mycelial forms of *Coccidioides* spp. in the parasitic phase associated to pulmonary coccidioidomycosis with type 2 diabetes mellitus. *Eur J Clin Microbiol Infect Dis 27:* 813–820.
- Hagman HM, Madnick EG, D'Agostino AN, Williams PL, Shatsky S, Mirels LF, Tucker RM, Rinaldi MG, Stevens DA, Bryant RE, 2000. Hyphal forms in the central nervous system of patients with coccidioidomycosis. *Clin Infect Dis* 30: 349–353.
- Zepeda MR, Kobayashi GK, Appleman MD, Navarro A, 1998. Coccidioides immitis presenting as a hyphal form in cerebrospinal fluid. *J Natl Med Assoc* 90: 435–436.

^{*} Address correspondence to Alexandro Bonifaz, Hospital General de Mexico, Dr. Balmis 148, Colonia Doctores, Mexico City CP 06726, Mexico. E-mail: a_bonifaz@yahoo.com.mx