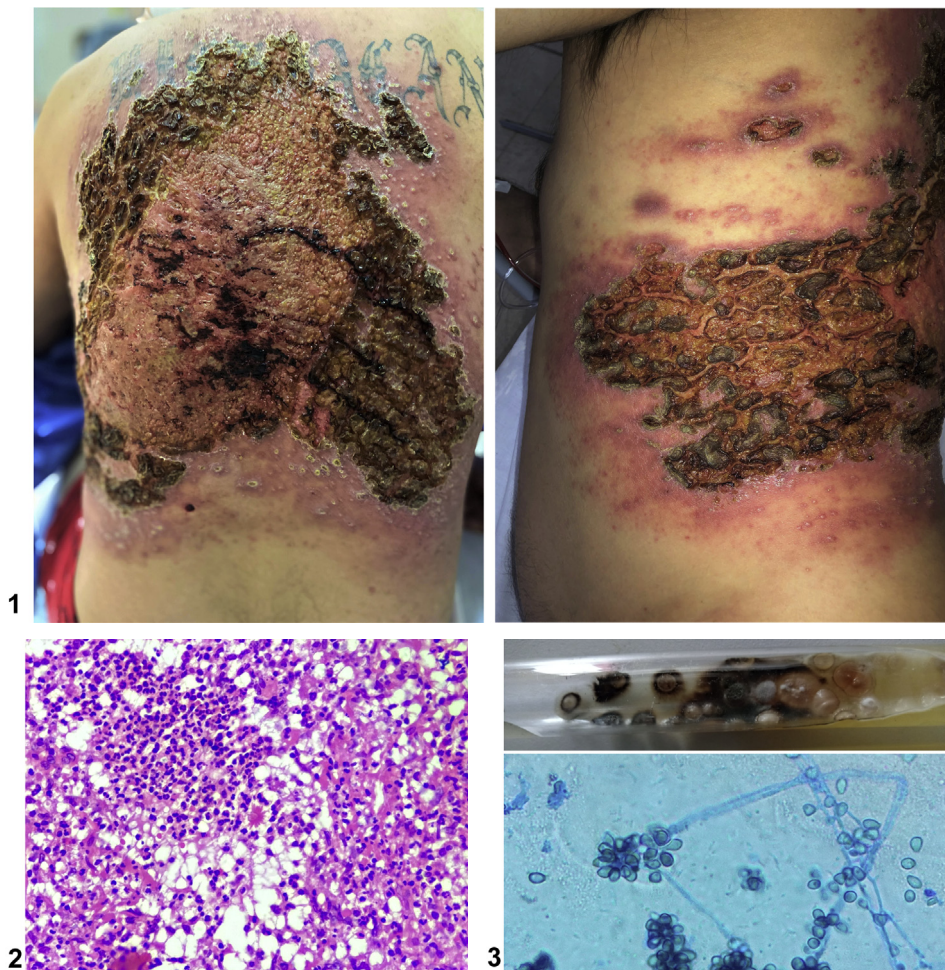


Painful ulcerated plaque on the back



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CASE PRESENTATION

A 44-year-old male Hispanic farmer, presented with a 7-month history of an enlarging, painful ulcer on his back and left flank. He gave no history of preceding trauma. Previous medications included high-dose oral prednisone, cyclosporine, and topical steroids for a suspected pyoderma gangrenosum. Physical examination revealed a large crusted plaque, a central ulcer with raised edges, purulent discharge, peripheral granulation tissue and perilesional erythema with satellite pustules (Fig 1). Chest and abdominal computed tomography showed no contiguous bone involvement. A punch biopsy was performed as well as tissue culture for bacteria, atypical mycobacteria, and fungi (Figs 2 and 3).

What is the most likely diagnosis?

- A. Chromoblastomycosis
- B. Cutaneous sporotrichosis
- C. Recalcitrant pyoderma gangrenosum (PG)
- D. Mycetoma
- E. Disseminated zoster (DZ)

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Conflicts of interest

The authors have no conflicts of interest to declare.