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Cutaneous Sporotrichosis Presenting as Clinical Feature of Facial Cellulitis in an Adult

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Dear Editor:

Sporotrichosis is subcutaneous mycosis due to the dimorphic fungus *Sporothrix schenckii* complex[1-3]. Fixed cutaneous sporotrichosis may present as acneiform, nodular, ulcerated, or verrucous. Less often the patients may present with facial cellulitis. Clinically initial cutaneous lesion is most frequently on an exposed area, commonly the face in children and the arms in adults[4].

We report the case of cutaneous sporotrichosis of the upper eyelid in adult. The patient was a 57-year-old female who showed with localized erythematous plaques with swelling on the right upper eyelid for 1 month (Fig. 1A). She has done persimmon tree farming without any recongnizable injury and took blepharoplasty 3 months before the lesion appears. Both of them were suspicious as a route of the infection. Cultures from biopsy specimen were performed in Sabouraud's dextrose agar slants. As a result, black, moist and wrinkled colonies of *S. schenckii* were observed in two slants (Fig. 2A). Septate branched mycelia and clustered conidia were observed in slide culture (Fig. 2B). Histopathologically, pseudoepitheliomatous hyperplasia and chronic granulomatous inflammation were observed on H&E stain. Many round spores were found around dermis in periodic acid Schiff stain (Fig. 2C). The nucleotide sequence of internal transcribed spacer for clinical isolate was identical to that of *S. schenckii* strain KMU 3360 (GenBank accession number AB122043.1).

Itraconazole is the drug of choice for treatment of sporotrichosis[5]. The patient was treated with oral itraconazole 200 mg/day for six months. The skin lesions were completely cured and no recurrence is observed during 1 year of follow up (Fig. 1B). Although cutaneous sporotrichosis is not unusual, the clinical presentation and the location of the lesion might have led dermatologist into mis-

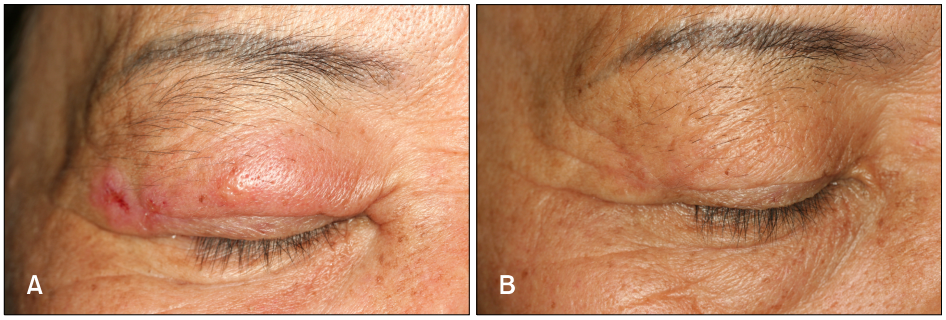

Fig. 1. (A) Localized erythematous plaques with swelling on the right upper eyelid. (B) Skin lesions showing completely cured after six months of treatment.

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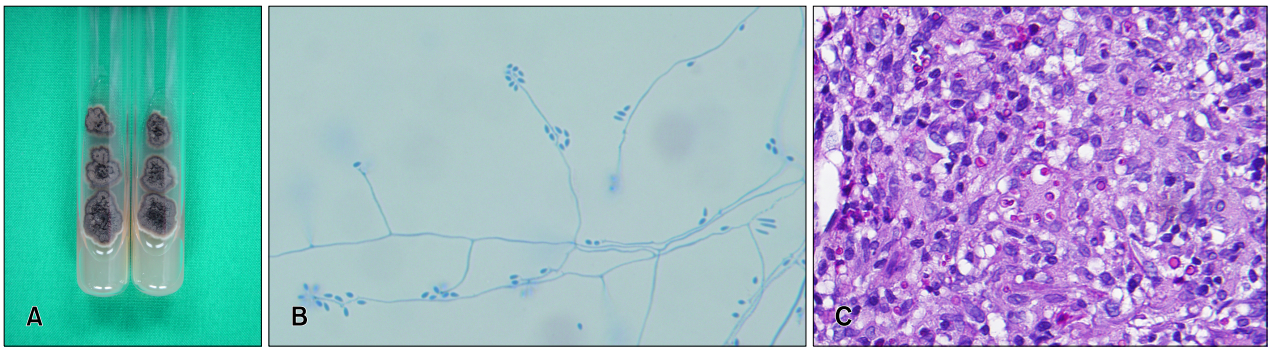

Fig. 2. (A) Dark brown to black, moist and wrinkled colonies on Sabouraud's dextrose agar slants at 25°C for 2 weeks. (B) Septate branched mycelia and clustered conidia were observed in slide culture (lactophenol cotton blue stain, ×1,000), (C) periodic acid Schiff stain (PAS)-positive spores in dermis (PAS stain, ×400).

diagnosis as facial cellulitis. Therefore, we report this case to emphasize the fungal culture of the skin lesions presenting as clinical feature of faical cellulitis.

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