Short reports

Cutaneous *Scedosporium apiospermum* infection in an immunocompromised patient

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**Abstract**

*Scedosporium apiospermum* infection occurred in the left forearm of a patient who was taking oral prednisolone for pulmonary fibrosis. The infection appeared to follow a scratch from a blackcurrant bush. This is the first reported case in the United Kingdom of a cutaneous infection from *Scedosporium apiospermum* in an immunocompromised patient. (J Clin Pathol 1999;52:846–848)

**Keywords:** *Scedosporium apiospermum*; immune deficiency; cutaneous mycosis

*Scedosporium apiospermum* is a ubiquitous fungus that has been isolated from soil, polluted water, and sewage. Although it is the most frequent cause of true fungal mycetoma in temperate regions, this has only been reported in six patients in the United Kingdom. This type of localised chronic infection is typically found in immunocompetent patients and is characterised by induration associated with draining sinusae. The histological picture is of periodic acid-Schi


**Figure 1** At presentation. Erythematous plaques with streak-like inflammation and subcutaneous nodules extending up the left forearm in a linear pattern. Swelling of the wrist.
Discussion

*Scedosporium apiospermum* is a ubiquitous fungus with a worldwide distribution. *Scedosporium apiospermum* is the name used for forms showing asexual sporing structures. The name *Pseu-dallescheria boydii* is applied to the same fungus if the sexual state is present. In cultures from the present case only the asexual form was seen.

In recent years there have been increasing reports of cutaneous infections from *Scedosporium apiospermum* in immunocompromised patients. In these cases the organisms typically cause acute inflammation of the dermis or subcutaneous tissues, with erythema, subcutaneous nodules, and ulcer formation. From 1980 to 1998, 18 cases of cutaneous infections caused by *Scedosporium apiospermum* or *Pseu-dallescheria boydii* in immunocompromised patients have been reported,\(^1\) with the majority of cases being reported in the past four years (13 patients).\(^2\) Four patients were undergoing systemic steroid treatment, and five of nine patients had leukaemia.

Cutaneous infection with this opportunistic saprophyte is typically acquired following an injury or a surgical procedure. A recent study looking at the various fungal opportunistic pathogens of humans cultivated from potted plants within a hospital found *Scedosporium apiospermum* to be the most abundant pathogen in the plant soils.\(^3\)\(^-\)\(^4\) Our patient gave a clear history of trauma from a blackcurrant bush 2 weeks before the onset of skin changes and this is likely to have been the source of the fungal infection.

Although *Scedosporium apiospermum* infection most commonly manifests itself in the skin, osteoarticular, ocular, and visceral sites can be affected,\(^1\) with dissemination and sepsis being relatively rare. Treatment successes have been reported with the use of itraconazole.\(^5\)\(^-\)\(^10\) The organism is often resistant to amphotericin B (necessitating its distinction from aspergillus), usually susceptible to miconazole, and success has been reported in one case with voriconazole.\(^4\)\(^-\)\(^9\)\(^-\)\(^13\)

In summary, the emergence of infections with *Scedosporium apiospermum* and similar opportunistic organisms warrants a high index of clinical suspicion and biopsy of suspicious skin lesions. Long term follow up may be necessary to look for late complications, as occurred with the synovial involvement in our patient. Successful culture of the organism is necessary to confirm the diagnosis, as it is often not possible to differentiate between fungal organisms on histological appearances alone.

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