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Papules of unknown aetiology

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Case—A 27-year-old female with hypocellular myelodysplastic syndrome underwent matched unrelated donor allogeneic stem cell transplantation in July 2011. She presented with diarrhoea 3 weeks after transplant and was diagnosed as acute graft versus host disease of the gut. She did not respond to steroids and was treated with infliximab (antiTNFα monoclonal antibody), pentostatin and abatacept (CTLA4-IgG fusion protein) with minimal response.

She developed dark-coloured necrotic-appearing papules on her skin (Figure 1) which were biopsied. Culture plate showed grayish-black colonies (Figure 2). Septated hyphae with sporulation were noted on microscopy (Figure 3).

Figure 1. Patient with papules on her face

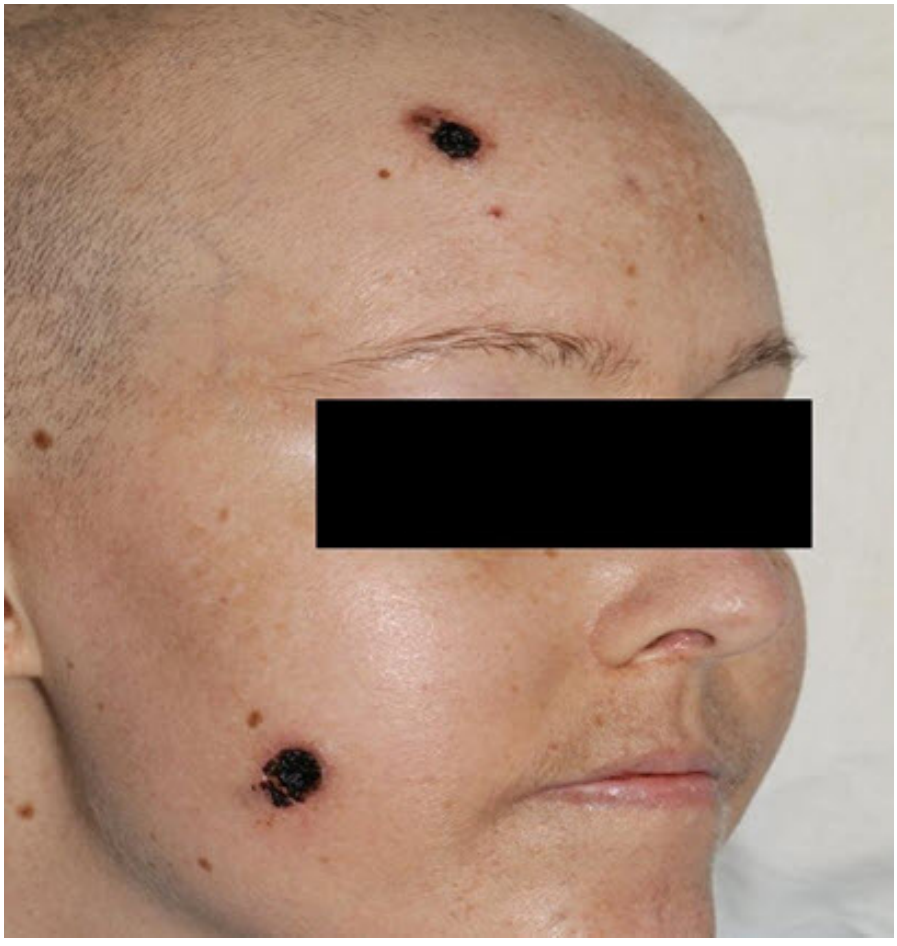
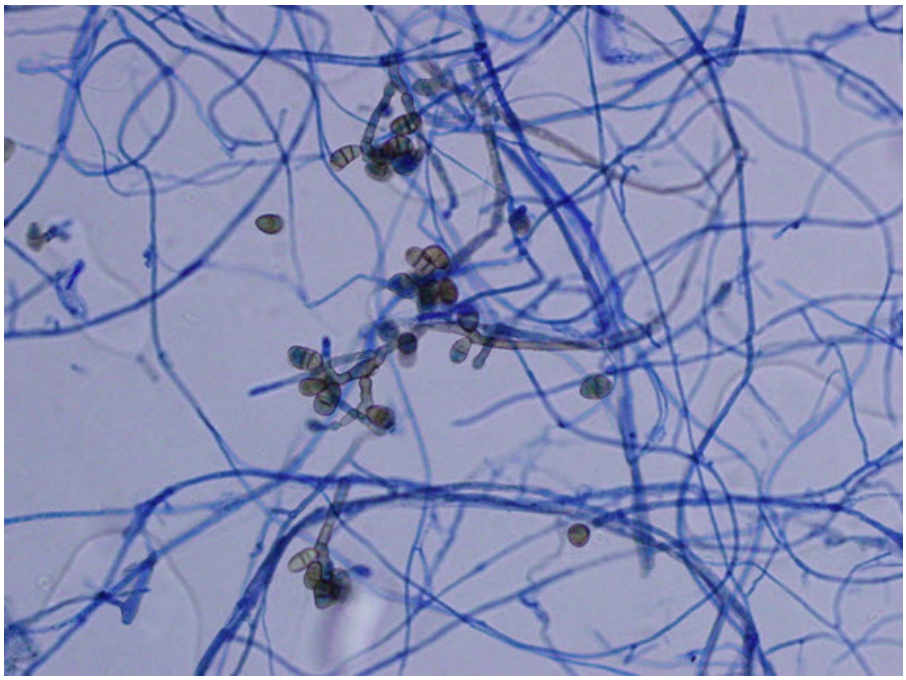


Figure 2. Sabouraud agar plate with grayish black colonies

Figure 3. Lactophenol Cotton Blue Wet mount preparation showing septate hyphae with sporulation (magnification 40×)



What is the diagnosis?

Answer—*Disseminated Curvularia*.

Discussion—*Curvularia* is a hyphomycete fungus which is a facultative pathogen of many plant species and of the soil. *Curvularia* infections in humans are uncommon and may affect respiratory tract, cornea and skin. Several uncommon presentations have been reported such as onychomycosis, mycetomas, allergic bronchopulmonary disease, keratitis and endocarditis following cardiac surgery.[1]

The optimal therapy is unclear. Aggressive surgery can be performed in localised disease. Responses have been reported with amphotericin B, miconazole, ketoconazole, terbinafine and itraconazole in patients with systemic involvement.[2] Long-term observation is recommended to monitor for recurrences, especially in immunocompromised individuals.

Our patient was treated with combination of amphotericin B and caspofungin with improvement in the skin lesions.

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