

FACIAL SPOROTRICHOSIS IN CHILDREN FROM ENDEMIC AREA IN PERU

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Competing Interests:

None

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Sporotrichosis is a subcutaneous mycosis subacute or chronic evolution, caused by the dimorphic *Sporothrix* complex, which includes five species: *Sporothrix albicans*, *Sporothrix brasiliensis*, *Sporothrix globosa*, *Sporothrix mexicana* and *Sporothrix schenckii* (*sensu stricto*). The infection occurs after trauma with contaminated material, which inoculated the fungus on the skin. The clinical types of sporotrichosis are lymphocutaneous sporotrichosis, fixed cutaneous (nodulopapular, ulcerative, verrucous and furunculoid) and extracutaneous [1,2]. It is a mycosis of a universal distribution, but more commonly seen in tropical or subtropical countries. The majority of cases are found in Mexico, Central America and Peru [1]. However, the region of Abancay in Peru is considered hyperendemic and has an annual incidence of 48-60 cases per 100 000 population [3]. Also, the incidence is three times higher in children aged 0-14 in ≥ 15 years of age, approximately 1 case/1000 children 0-14 years and a frequency of 60% [4,5]. In pediatric patients from endemic areas the most anatomical site affected is the facial region (40-42%) [5,6], with lesions on the nose, face, chin, malar, genian and palpebral that is clinically rarely mentioned in the literature [7].

Diagnosis:

The gold standard for diagnosis is the mycological culture of secretions from injuries. In the crop in Sabouraud dextrose agar with chloramphenicol at 25 ° C colonies are observed finely radiated creamy white and brown. Lactophenol blue stained observed microscopically thin and branched hifas. In BHI agar at 37°C are observed yeast creamy, moist, and whitish. Microscopically with oval and globular structures [1].

Treatment:

In our experience treatment with potassium iodide in the form of saturated (SSKI) at doses of 2-20 drops / 3 times / day is preferred for pediatric cases and lymphocutaneous fixed cutaneous form [5]. Other treatment options are oral imidazole, ketoconazole, itraconazole or fluconazole and

terbinafine at standard doses with favorable response in terms of three to five months of continuous administration [1].

We present photographs of pediatric patients with cutaneous sporotrichosis fixed facial skin and lymphatic topographical characteristics can be useful to be considered in the differential diagnosis against other infections in children from endemic areas also are images of the etiologic agent *Sporothrix schenckii*. The photographs were obtained from patients treated at Santa Teresa Clinic of Abancay, Peru.

Ethical considerations: For taking photographs and publishing these. Informed consent was obtained in writing and signed by the parents of the patients. Figures 3, 4 and 5 represent the palpebral forms sporotrichosis. Magazines were published previously in Peru [5,6,8].



Figure 1. Cutaneous lymphatic sporotrichosis crusted-ulcer on the forehead and nose with nodules on the cheeks



Figure 2. Sporotrichosis lymphocutaneous on the malar region



Figure 3. Fixed cutaneous sporotrichosis ulcerated right upper eyelid



Figure 4. Ulcerated cutaneous lymphatic sporotrichosis in the right lower eyelid with nodules in the malar region



Figure 5. Fixed cutaneous sporotrichosis right upper eyelid



Figure 6. Palpebral fixed cutaneous sporotrichosis in child of two years old

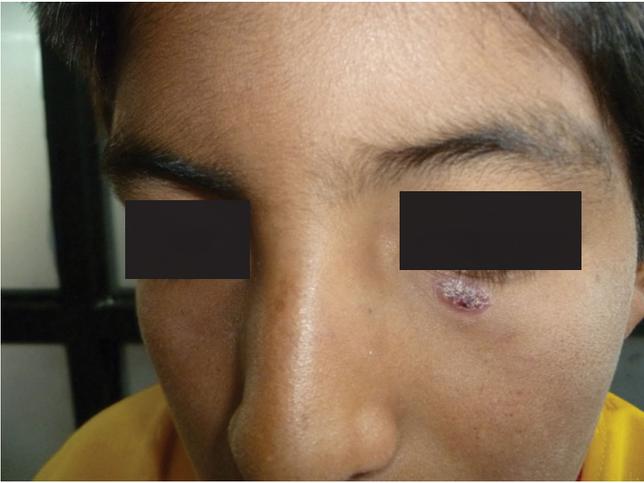


Figure 7. Fixed cutaneous sporotrichosis left lower eyelid



Figure 8. Fixed cutaneous sporotrichosis left upper eyelid



Figure 9. Fixed cutaneous sporotrichosis ulcerative the genian region



Figure 10. Fixed cutaneous sporotrichosis satellitosis cheek

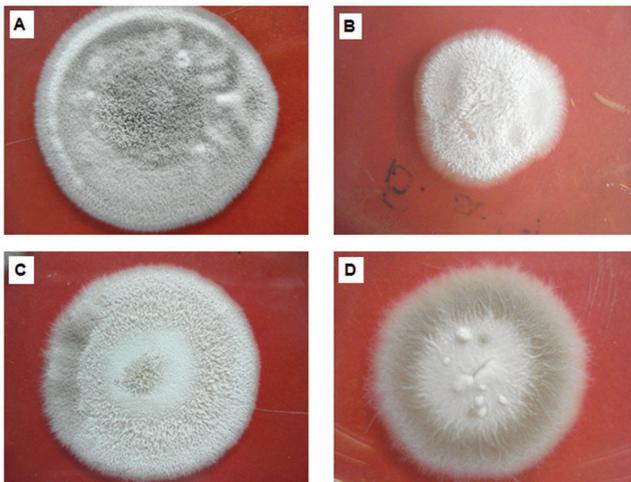


Figure 11. *Sporothrix schenckii* cultivation on Sabouraud dextrose agar with chloramphenicol at 25 ° C, colonies are observed with different shapes, white and brown finely grooved radiated

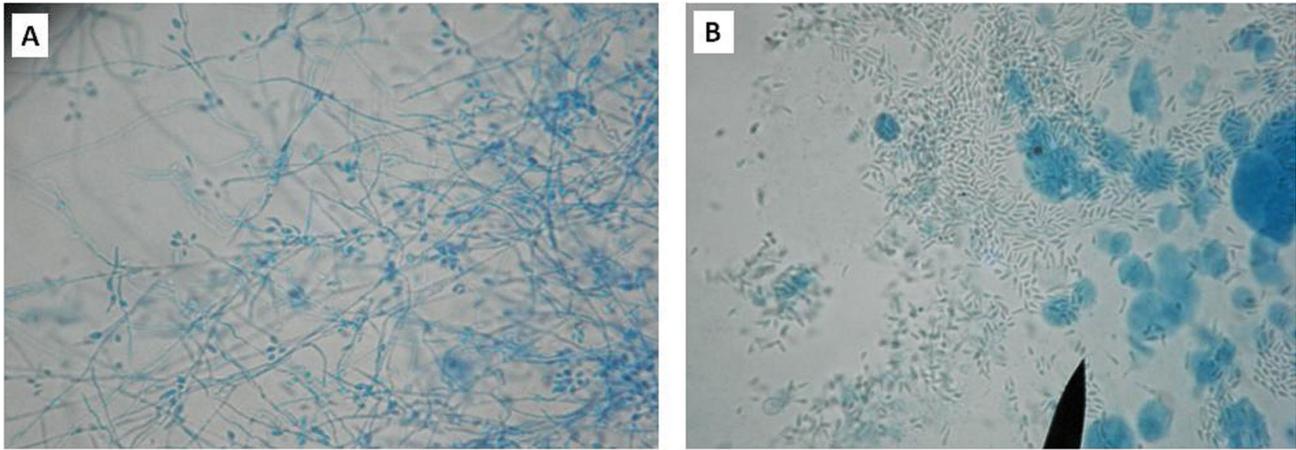


Figure 12. Photomicrograph of *Sporothrix schenckii*: A. Mycelial form: displayed twisted hifas with microconidia; lactophenol blue staining. B. Parasitic form: Yeast is observed in the form of cigar

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