


LETTER TO THE EDITOR

Chromoblastomycosis – Management challenges

Cromoblastomycosis - Desafíos en el manejo

Vitorino Modesto dos Santos^{1,2}  <https://orcid.org/0000-0002-7033-6074>, Andressa Praça Tedeschi³  <https://orcid.org/0009-0008-4378-4120>.

¹Armed Forces Hospital, Internal Medicine; DF, Brazil.

²Catholic University of Brasília, Internal Medicine; DF, Brazil.

³University of the Americas, Internal Medicine; São Paulo, Brazil.

We read in this journal the case study by Álvarez-Montiel IR and Sandoval NJ of a 55-year-old farmer with a slow-growing warty lesion in the right annular finger showing muriform bodies, and the diagnosis was chromoblastomycosis (CMB). He used itraconazole, but the result is unknown due to his absence in controls.¹ In this scenario, some additional comments on CMB cases seem appropriate.²⁻⁵

A review of 450 CMB cases found male rural: 83.1%, mean age: 52.2 years; previous trauma: 48.5%; lesions in lower limbs: 78.7%, mainly verrucous or plaques.² *Fonsecaea spp.* and *Rhinochrysiella spp.* were more common agents; itraconazole and other antifungals, surgery, or cryosurgery were used; the authors highlighted the preventive measures, the early diagnosis, and treatment.² A 70-year-old gardening woman presented chronic plaques and nodules on the hand unsuccessfully managed by prednisone, clindamycin, and ciprofloxacin.³ Black dots of lesions showed muriform bodies, and culture revealed CMB; she underwent triple therapy (cryotherapy, itraconazole, and 5 fluorouracil) with near 80% clearance of the lesions and no recurrence after 3 months of this treatment.³ A 60-year-old immunocompetent man had verrucous erythematous plaques with atrophic areas in the right arm for a decade, and the skin biopsy, besides a direct smear evaluations, established the diagnosis of CMB.⁴ The cultures revealed dark-pigmented colonies of *Fonsecaea spp.*, and the treatment, including itraconazole (400 mg daily) and topical heat therapy by electric heating pad, resulted in effective clinical improvement during the first month of treatment.⁴ An 80-year-old gardening woman with a CMB lesion on the forearm refractory to antifungal medications and cryotherapy had a successful

surgical outcome; moreover, the authors stressed atypical CMB presentation in non-endemic regions.⁵

CONTRIBUTIONS

VMS and APT equally contributed to the conception and design of the study, acquisition of data, analysis and interpretation of data, drafting the article and revising it critically for important intellectual content and final approval of the submitted version.

DETAILS OF THE AUTHORS

Vitorino Modesto dos Santos, Medical Doctor, PhD; vitorinomodesto@gmail.com

Andressa Praça Tedeschi, Medical Doctor; tedeschia12@gmail.com.

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Address correspondence to: Vitorino Modesto dos Santos

Email: vitorinomodesto@gmail.com

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