

## Fungal Osteomyelitis Of Ulnar Bone: A Rare Type And Presentation

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### INTRODUCTION:

Sporotrichosis is a rare fungal infection, caused by the dimorphic fungus, *Sporothrix schenckii* typically occurs via cutaneous inoculation with development of a localized cutaneous and/or lymphocutaneous infection. We report a rare case of disseminated sporotrichosis with osteomyelitis of ulnar bone in an immunocompetent patient. Patient was successfully treated with surgical debridement and antifungal medication.

### CASE REPORT:

55 years old lady with history of disseminated sporotrichosis, who was completed three months of amphotericin B and a year of oral itraconazole, presented again with swelling over right forearm, six months after completed treatment. She was screened for immunocompromised state and results came back negative. Plain radiograph showed osteolytic lesions over midshaft of right ulnar. Surgical debridement done and intraoperative tissue sent for histopathology examination shows inflammatory cells with fungal body. Meanwhile tissue culture grew *Sporothrix schenckii*. She was subsequently started on iv amphotericin B for 6 months and oral antifungal continued for another one year



Figure 1: Lesion with central skin necrosis seen over the ulnar side of the forearm

Figure 2: Osteolytic lesion with cortical erosion seen over the mid shaft and distal end of ulnar bone.

### DISCUSSIONS:

Sporotrichosis is commonly affects immunocompromised patients. Incubation period varies, from three days to three months. Sporotrichosis can be divided into cutaneous and extracutaneous sporotrichosis<sup>2</sup>. Osseous sporotrichosis is a rare form of sporotrichosis infection. According to the treatment guideline by Infectious Disease Society of America in 2007, iv Amphotericin B is the drug of choice for disseminated sporotrichosis followed by maintenance phase with itraconazole 400mg /day for 1 year.

### CONCLUSION:

This case report highlights the importance of considering sporotrichosis as a differential diagnosis of osteomyelitis in immunocompetent patient, as the treatment might be differ. Culture is the gold standard and the most sensitive method in diagnosing sporotrichosis. Delay in diagnosis will lead to further bony destruction, permanent deformity and systemic progression of the disease.

### REFERENCES:

1. Alexandro Bonifaz and Andrés Tirado-Sánchez: Cutaneous Disseminated and Extracutaneous Sporotrichosis: Current Status of a Complex Disease. Journal of Fungi. 2017
2. Clinical Practice Guideline by Infectious Disease Society of America in 2007- Treatment of Sporotrichosis.