



Severe progressive cutaneous infection caused by *Fonsecaea monophora* in a patient after trauma

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A previously healthy 41-year-old man with a history of a leg trauma while working as a farmer presented with increasingly growing nodules and plaques with crust on his left ankle for 16 years (a). He underwent a histopathological examination and was misdiagnosed as sporotrichosis by the local hospital. He was given itraconazole tablet 0.2g per day for treatment for 3 years, which showed little effect. After he stopped taking itraconazole by himself 6 months ago, the skin lesion enlarged and fused together, invading his left shank and thigh, with ulceration, discharge and distinct pain. A thorough general physical examination revealed multiple verrucous plaques and tumors along the left lower limb with black dot appearance on the surface (b). Direct smear from the “black dot” area showed sclerotic bodies and pigmented hyphae germinated from muriform cells (c). A biopsy of the skin

tissue revealed multiple sclerotic bodies in the dermis (haematoxylin and eosin stain, original magnification ×400) (d). Tissue culture and examination with polymerase chain reaction revealed the presence of *Fonsecaea monophora*.

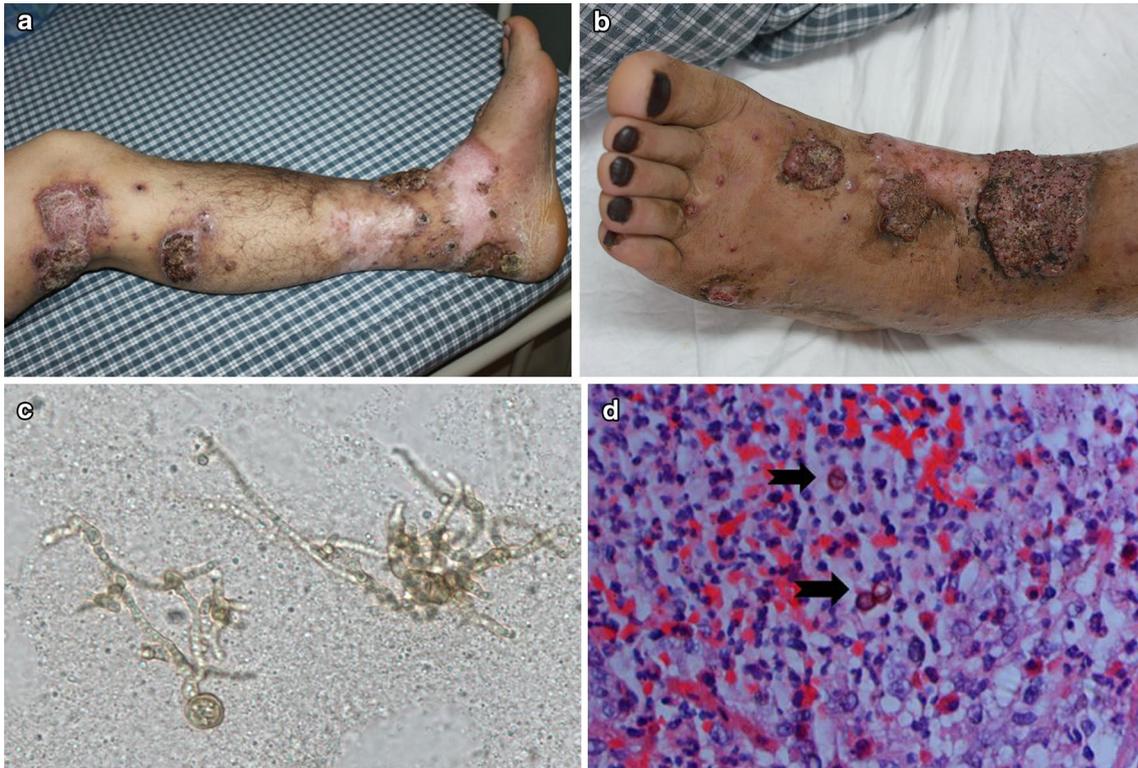
A diagnosis of cutaneous chromoblastomycosis caused by *Fonsecaea monophora* was made. Chromoblastomycosis is a chronic subcutaneous fungal infection caused by dematiaceous fungi in tropical and subtropical regions [1, 2]. The skin lesion could present as a nodule, tumor, verrucous plaque or scar [1]. Carefully observing biopsy and tissue culture are essential for the diagnosis of chromoblastomycosis. If identification of the pathogen is hard according to biopsy and tissue culture, molecular biology methods are recommended to make a definitive diagnosis.

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Compliance with ethical standards

Ethical standards The patient provided a written consent for the use of his clinical data for scientific purposes.

Conflict of interest The authors declare that they have no conflict of interest.

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