

PARACOCCIDIOIDOMYCOSIS IN NON-ENDEMIC AREA

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ABSTRACT

Paracoccidioidomycosis (PCM) is an endemic pathology in Latin America. Population migration and climate change create an alert in the diagnosis of this pathology in non - endemic areas.

OBJECTIVE: To communicate PCM cases treated at a University Hospital situated in Buenos Aires City, Argentina.

MATERIALS: Retrospective study of clinical records of patients with PCM diagnosis from 2002 to 2017. Demographic, clinic and laboratory data were collected.

RESULTS: Eighteen patients were diagnosed with PCM. A total of 73% (13/18) had multifocal compromise, while in 27% (5/18) it was unifocal. All patients were adult men with an average age of 52 years old (range 29 - 72). At diagnosis, 61% (11/18) belonged to endemic area and continued living there, while 33,3% (6/18) had been born in endemic area and had migrated years ago to Buenos Aires (between 11 to 45 years old). One patient consulted from non endemic area (province of Buenos Aires). *Paracoccidioides* spp yeast was seen at fresh exam of different samples (cerebellum biopsy, adrenal gland biopsy, larynx biopsy, oral mucosa, lung biopsy, skin scarification) in 78,6% (11/14), while it was only seen through histopathological technique in 21% (3/14). In 22% (4/18) of the patients, the detection of specific antibodies was the only diagnostic finding in laboratories. In 38.9 % (7/18) of patients specific antibodies accompanied the observation of *Paracoccidioides* spp in the different samples.

A patient exhibited clinical manifestations of adrenal failure without other systemic involvements, with nodular images in both glands during 2016 and *Paracoccidioides* spp was found in adrenal tissue biopsy. Another patient exhibited *Paracoccidioides* spp co-infection in his larynx and *Leishmania* spp in a nose injury in January 2017. These two patients presented specific band gp43 by PCR in adrenal tissue and larynx biopsies. All patients received treatment with itraconazole.

CONCLUSION: Despite low prevalence of PCM cases outside endemic area, constant population migration dictates the need of considering its diagnosis at an urban hospital and the suspicion of other pathogens co-infection.

Keywords: diagnosis, non-endemic area, paracoccidioidomycosis