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Medical Imagery

Disseminated fusariosis

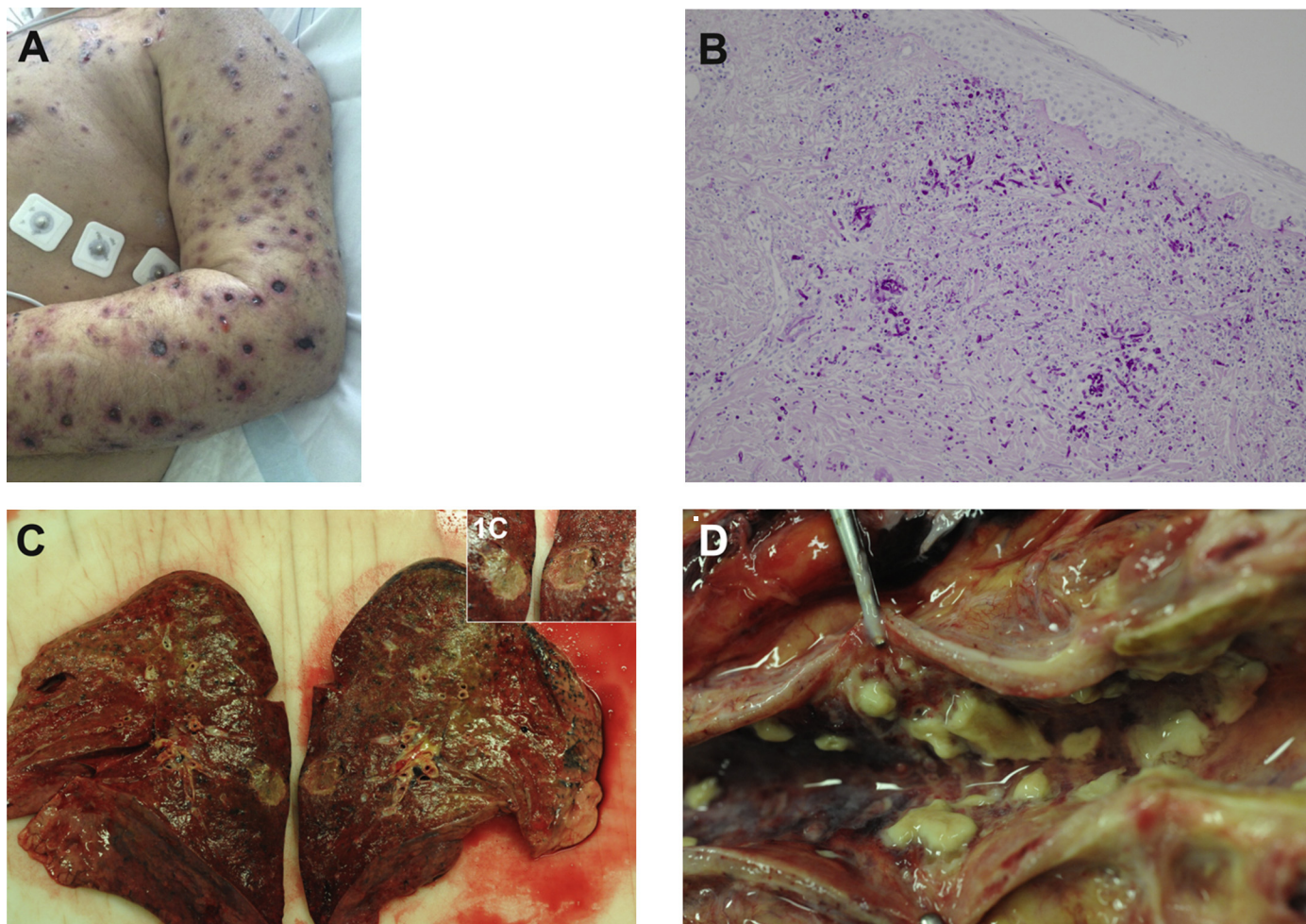


Figure 1. Disseminated fusariosis with skin (A, B), lung (C) and trachea (D) localization.

A 62-year-old man was diagnosed with mixed phenotype acute leukemia, T/myeloid, not otherwise specified. He received induction chemotherapy with idarubicin and cytarabine, followed by intermediate-dose cytarabine and amacrine (consolidation). At day 15 of consolidation therapy, when he was severely neutropenic, he developed a fever and disseminated skin lesions that were randomly scattered over his face, trunk and extremities. These consisted of numerous circumscribed erythematous nodules, frequently with central necrosis and ulceration (Figure 1A).

Cultures of skin tissue and blood revealed *Fusarium solani*. A skin biopsy demonstrated angioinvasive fungus in the dermis (Figure 1B, periodic acid-Schiff staining). The patient was treated with a combination of liposomal amphotericin B and voriconazole. His clinical condition rapidly deteriorated and he developed progressive respiratory failure due to fusarial pneumonia. Ultimately the patient died. Post-mortem examination demonstrated a disseminated invasive fusariosis with skin, eye, lung (Figure 1C) and trachea (Figure 1D) localization.

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^aDepartment of Hematology, Erasmus MC Cancer Institute

^bDepartment of Pathology, Erasmus MC University Medical Center
Rotterdam

Yorick Sandberg^{a,*}

Marian C. Clahsen-van Groningen^b

Emanuele Ammatuna^a

*Corresponding author. Department of Hematology, Erasmus MC
Cancer Institute, PO box 5201, 3075 EA Rotterdam, The
Netherlands, Tel.: +31-10-7041367; fax: +31-10-7041004