

### Clinical microbiological case: infection imitating lymphocutaneous sporotrichosis during pregnancy in a healthy woman from the south-eastern USA

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#### CASE REPORT

A painless red nodule developed on the proximal lower leg in a 34-year-old Caucasian woman during the late second trimester of pregnancy. After she gave birth to a full-term healthy child, additional nodules appeared in crops over the more distal aspect of the tibia (Figure 1). She had no complaints, and physical examination was otherwise normal. The results of laboratory studies were as follows: white blood cell count, 5000/ $\mu$ L, hemoglobin, 12 g/dL, platelets, 278 000/ $\mu$ L, and erythrocyte sedimentation rate, 5 mm/h. Serum creatinine, aminotransferases, alkaline phosphatase, albumin and globulin, as well as chest radiograph, were normal.

Skin biopsy showed large necrotizing granulomas within the deep dermis. Prominent destruction of the subcutaneous fat and dimorphic inflammation including neutrophils and lymphocytes were found in the dermis and subcutis. No microorganisms were identified. A three-phase radionuclide (25.0 mCi technetium) bone scan and magnetic resonance images of the lower extremities showed normal subcutaneous tissue and bone.

#### QUESTIONS

1. What is your clinical diagnosis?
2. What are the common cutaneous manifestations associated with this infection?

3. What is the differential diagnosis of lymphocutaneous syndrome and/or sporotrichoid-like skin infections in a non-compromised adult?
4. How are you going to confirm the diagnosis?
5. What is the optimal treatment for this condition?



**Figure 1** Three distinct excoriated nodular lesions with indurated underlying subcutaneous tissue are visible along the anterior-medial border of the right tibia.

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