A Case Report: Soft Tissue Tumour Mimics Sporotrichosis

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INTRODUCTION:
Sporotrichosis is a mycosis produced by inoculation of a fungus, Sporothrix schenckii, found in, both temperate and tropical areas, but infection is rarely seen.

MATERIALS & METHODS:
A 69-year-old Malay housewife, presented with a progressive painless swelling over her right thigh for two months. The swelling increased in size, multiplied and became ulcerated with serous discharge and itchiness. On examination, there were multi-lobulated nodules over the posteromedial aspect of right thigh, irregular margin, measured about 15cm x 12cm, ulcerated with serous discharge, and presence of inguinal lymphadenopathy. The white cell count was 9.0x10³/uL and ESR was 15mm/hour. Plain pelvic X-ray shows no sign of osteomyelitis or soft tissue malignancy changes. She was treated as sporotrichosis and referred to dermatology.

RESULTS:
HPE showed an ulcerated skin tissue with the dermis and subcutis infiltrated by discohesive large, anaplastic malignant lymphoid cells accompanied by inflammatory infiltrates. The cells are positive for leukocyte common antigen (LCA), CD30 and MUM - 1, features of anaplastic large cell lymphoma. Anti-fungal was stopped and continued follow-up under dermatologist.

HPE was taken and anti-fungal was started.

DISCUSSIONS:
Sporotrichosis is caused by a saprophytic dimorphic fungus, named Sporothrix schenckii, grows in decaying plants like torns, rose shrubs, tree barks and animal droppings. Classified into four clinical categories: (i) lymphocutaneous, (ii) fixed cutaneous, (iii) multifocal or disseminated, and (iv) extra-cutaneous. Most commonly is lymphocutaneous variant, characterised by indurated papule, which progresses to nodule formation and ulceration.

Lymphoma is divided into two forms; Hodgkin lymphoma (HL) and non-Hodgkin lymphoma (NHL). Lymphoma occurs when lymphocytes multiply uncontrollably. Cancerous lymphocytes travel to many parts of the body, including lymph nodes and bone marrow. Anaplastic large cell lymphoma (ALCL) is a rare type of NHL. Symptoms include fever, painlesslymph nodes swelling and loss of appetite. The features of cutaneous ALCL include the appearance of solitary or multiple raised, red skin lesion and tend to ulcerate. ALCL diagnosis requires a biopsy.

CONCLUSION:
In conclusion, HPE is one of the important tool to confirm the diagnosis. In this case, lymphoma was missed as the features suggesting of sporotrichosis. Therefore, in any skin lesion that looks suspicious with multiple skin lesions, HPE is needed to confirm the diagnosis.

REFERENCES: