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DERMATOLOGY IMAGES

Lobomycosis with atypical morphology and location

Lobomicose de morfologia e localização atípicas

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A 44-year-old female patient, from Tapauá, Amazonas, was observed with a scaly nodular plaque with an irregular erythematous-brownish surface and meliceric crusts, extending over the entire lower region of the left buttock. It was present since she was 19 years old (Fig. 1).

The histopathological revealed skin with proliferative connective tissue in the dermis, accompanied by an inflammatory infiltrate composed of histiocytes, lymphocytes, and numerous giant cells, with numerous rounded fungal structures observed (Fig. 2).

Lobomycosis is a rare chronic granulomatous mycosis caused by the fungus *Lacazia loboi*, which has not been cultured in the laboratory yet. The infection occurs through traumatic inoculation of the fungus into the skin, with an incubation period of 1-2 years. Clinically, it manifests as keloid-like nodular lesions that evolve insidiously, most commonly in exposed areas[1,2]. It is endemic in tropical regions, with a greater concentration in the Amazon region, especially in Acre, and among male rural workers. The diagnosis is confirmed by histopathological examination or direct microscopy, which reveals characteristic fungal structures. Although rare, there is a risk of progression to squamous cell carcinoma in chronic lesions[3,4].

We describe a case of lobomycosis, characterized by significant particularities, including the atypical morphology of the lesions with a satisfactory therapeutic response to itraconazole 100 mg every 12 h for 1 year and 6 months. After treatment, only atrophic scars remained (Fig. 3), with no need for surgical interventions or combined treatments, which is an uncommon in this disease.

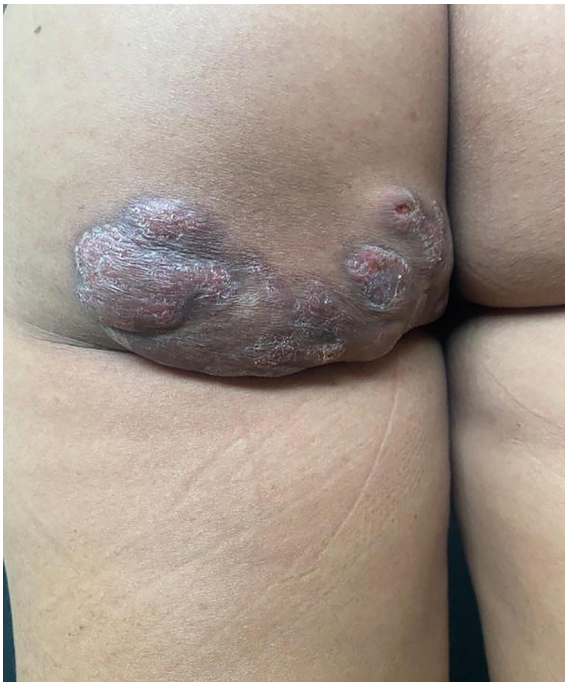

Figure 1. Skin lesion before treatment.

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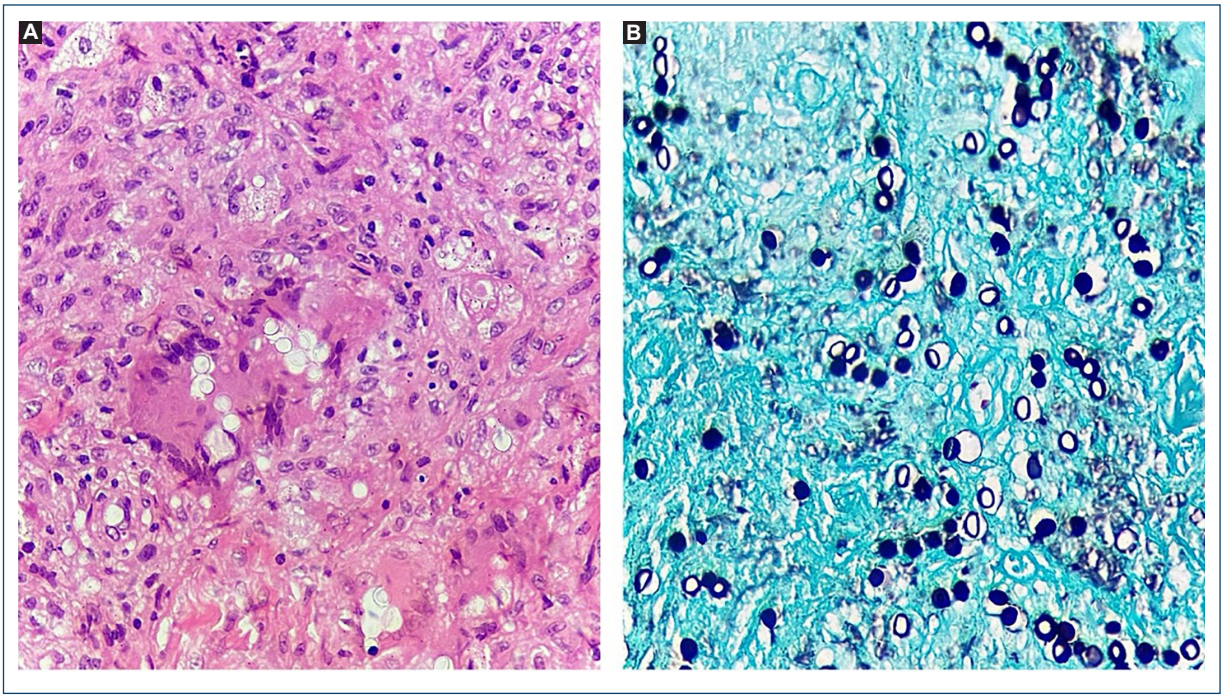

Figure 2. A: the sections show skin with dermal proliferation of connective tissue along with inflammatory infiltrate composed of histiocytes, lymphocytes, and numerous giant cells. Numerous rounded fungal structures are observed. (hematoxylin and eosin (H&E), x400). **B:** numerous fungal structures are observed (Grocott-Gomori, x400).

Figure 3. Atrophic scars after treatment.

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None.

Conflicts of interest

None.

Ethical considerations

Protection of humans and animals. The authors declare that no experiments involving humans or animals were conducted for this research.

Confidentiality, informed consent, and ethical approval. The authors have followed their institution's confidentiality protocols, obtained informed consent from patients, and received approval from the Ethics Committee. The SAGER guidelines were followed according to the nature of the study.

Declaration on the use of artificial intelligence. The authors declare that no generative artificial intelligence was used in the writing of this manuscript.

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