

## In the finger it lingers

Mohd AW, Mohamad I, Wan Ghazali WS, Johan KB

Mohd AW, Mohamad I, Wan Ghazali WS, et al. In the finger it lingers *Malays Fam Physician*. 2017;12(2);32–33.

### Keywords:

Fungi; Infection; Gardening;  
Soil microbiology

### Authors:

#### Irfan Mohamad

(Corresponding author)  
MD (USM), M.Med (ORL-HNS)  
School of Medical Sciences,  
Universiti Sains Malaysia  
16150 Kota Bharu,  
Kelantan, Malaysia.  
Email: irfankb@usm.my

#### Abdul Wahab Mohd

MD (USM)  
Klinik Nik Azam  
17000 Pasir Mas,  
Kelantan, Malaysia.

#### Wan Syamimee Wan Ghazali

MBChB (Leicester), M.Med (Internal  
Medicine)  
School of Medical Sciences,  
Universiti Sains Malaysia  
16150 Kota Bharu,  
Kelantan, Malaysia

#### Khairul Bariah Johan

BPharm (USM)  
Department of Pharmacy  
Hospital Universiti Sains Malaysia  
16150 kota Bharu,  
Kelantan, Malaysia

### Case Summary

A previously healthy 80-year-old woman presented with a history of a thorn prick injury over the distal phalange of her left finger obtained while gardening two months ago. She claimed to have a non-healing cut with a nodular lesion, which progressively increased in size, extending upwards towards the region of her left arm. There was no fever or palpable lymph nodes in the axillary region. She had been prescribed antibiotics from the local hospital but her condition did not improve.



Figure 1. Skin lesions on the left forearm.

### Questions

1. What is the diagnosis?
2. What are the risk factors?
3. Outline the treatment.

### Answers

1. She was treated for sporotrichosis based on the history and clinical findings. It is a fungal infection caused by *Sporothrix schenckii*, following a puncture of or a cut on the skin. It is also known as rose gardener's disease as it is closely related to occupations associated with agricultural activities.<sup>1</sup> Cutaneous sporotrichosis is divided into five categories: fixed cutaneous, lymphocutaneous, multifocal or disseminated cutaneous and extra cutaneous.<sup>2</sup> The infection is acquired through traumatic inoculation from the soil, plants, organic matter, cat scratches or bites infected with the dimorphic fungi. In Malaysia, the most common cause is cat scratches.
2. The risk is higher in people who are involved in the handling of plant matter and the severity of the infection can be related to underlying comorbidities such as diabetes mellitus, chronic obstructive airway disease, alcoholism and HIV infection. The risk can be minimised by wearing protective gloves, heavy boots and a long sleeve shirt while gardening or performing any activity involving the handling of plants.<sup>1</sup> Control of underlying medical illness helps to reduce the severity.

3. The treatment for the condition is to start proper antifungal therapy. Oral itraconazole 200 mg daily is indicated for 3–6 months. For patients who do not respond to treatment, other options include higher doses of 200 mg twice daily, terbinafine 500 mg twice daily or a saturated solution of potassium iodide (SSKI) initially administered at a dosage of 5 drops thrice daily and increasing, as tolerated up to 40–50 drops thrice daily.<sup>3</sup>

Severe disease would require intravenous amphotericin B.<sup>4</sup>

For pregnant patients, itraconazole is not contraindicated, but drugs should be given only if the potential benefit justifies the potential risk to the foetus. Other drugs such as terbinafine and amphotericin B are suitable alternatives. The use of SSKI is contraindicated.

## References

1. Barros MB, de Almeida Paes R, Schubach AO. Sporothrix schenckii and sporotrichosis. *Clin Microbiol Rev.* 2011;24(4):633–54.
2. Ramliza R, Abd Rashid AH, Phang KS, et al. Sporotrichosis atypical presentation as a soft tissue tumour. *Malays J Pathol.* 2009;31(2):143–5.
3. Kauffman CA, Bustamante B, Chapman SW, et al. Clinical practice guidelines for the management of sporotrichosis: 2007 update by the Infectious Disease Society of America. *Clin Infect Dis.* 2007;45(10):1255–65.
4. Centers for Disease Control and Prevention. Fungal disease. Sporotrichosis. Available at: <https://www.cdc.gov/fungal/diseases/sporotrichosis/>. Accessed on September 7, 2016.