PARACOCCIDIOIDOMYCOSIS IN A UNIVERSITY HOSPITAL OF BUENOS AIRES CITY

Fernández Norma¹, Canteros Cristina², Farías Luciana¹, Toranzo Adriana², Tiraboschi INora¹, Stecher Daniel¹
¹ Infectious Disease Division. Hospital de Clínicas “José de San Martín”. Universidad de Buenos Aires
² INEI- ANLIS “Dr. C G Malbrán”
Buenos Aires. Argentina

Introduction

Paracoccidioidomycosis (PCM) is a systemic and endemic fungal disease that is restricted to Latin America.
In Argentina, the endemic area is located north of the 34°S parallel.

Objective

To report cases of PCM treated in a University Hospital in the city of Buenos Aires, Argentina.

Methods

Retrospective study. Source documents were medical records from patients with PCM diagnosed from 2002 to 2017.

Results

All patients (n = 22) were adult men. Mean age 53 yrs old (range 29-72).

All patients received Itraconazole 100-400 mg/day. Favourable outcome 12/18 (66%) cases.

Geographical origin

Multiple budding yeasts *Paracoccidioides* spp
400X

Fresh direct examination of specimen
(DE) 72.7 % 16/22

Culture positive 3/22

Clinical findings

■ multifocal ■ unifocal

Antibodies anti-*Paracoccidioides*
immunodiffusion (PbA-ID) + DE 54 % (12/22)

Only Positive PbA-ID 22% (5/22)

2015-2018

Last six cases

Nested PCR (Bialek et al., 2000)
Samples: sputum, biopsies adrenal glands larynx, vocal cords, oral mucosa.

Nested PCR GP43 6/6

Nested PCR GP43 + DE 5/6

Nested PCR GP43 + PbA-ID 3/6

Clinical findings N=22

Mucocutaneous + pulmonar
81 % (18/22)

Adrenal
4.5%(1/22)

SNC
4.5%(1/22)

Conclusions

Buenos Aires City records few PCM cases; however, the large number of migrants from Argentina's northern provinces and neighboring countries, where PCM is endemic, should be an alert for its diagnosis.

The detection of one patients who did not visit or lived in the endemic area could be associated with a displacement of the fungus to new areas due to global climate change.

Mucocutaneous and pulmonar lesions are more frequent in clinical findings (81%).

Clinical suspicion and direct examination (72.7%) are mandatory in patients who inhabit or inhabited the PCM endemic area. Serological test is also an important tool in diagnostic(54 %) and sometimes, the only evidence of this mycosis (22%). Culture has low sensitivity.

It is also important to include the differential diagnosis with pathogens that share ecological and physiopathological similarities with PCM.