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Pulmonary Paracoccidioidomycosis: An underdiagnosed disease?

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Paracoccidioidomycosis is an endemic granulomatous disease in Latin America. The vast majority of cases of this systemic mycosis are diagnosed in Brazil.

We report a case of a 44-years-old man, urban dweller, smoker, who presented with 6 months of cough and hemoptoic sputum, without fever, sweating or weight loss. The chest CT scan showed multiple nodular injuries in both lungs. The bronchoscopy with biopsy was negative for cancer or infectious disease. Prednisone 1mg/kg was prescribed to treat the presumptive diagnosis of a granulomatous vasculitis. After 2 months of outpatient treatment, there was a worsening of cough with increase of the length of pulmonary injuries. The patient was admitted to the hospital. Tests for autoimmune disease including ANCA were negative. Consequently, corticoid therapy was stopped. During a review of the anamnesis, the man mentioned that she used to work in rural areas during the sugar cane harvest, as a sugar cane cutter. Based on this epidemiological exposition, the patient was submitted to an open lung biopsy to test for paracoccidioidomycosis. The presence of fungal structures compatible with Paracoccidioides braziliensis confirmed the diagnosis. It was initiated the treatment with itraconazole with decreasing of cough. He was discharged from hospital with 15 days of treatment.

Paracoccidioidomycosis, despite of being endemic in Brazil, is frequently underdiagnosed, mainly when it presents as pulmonary form in adults. Early diagnosis and treatment can avoid disabling complications and decrease mortality.

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