

Cutaneous Chromoblastomycosis Mimicking Squamous Cell Carcinoma in a Patient with Renal Transplant

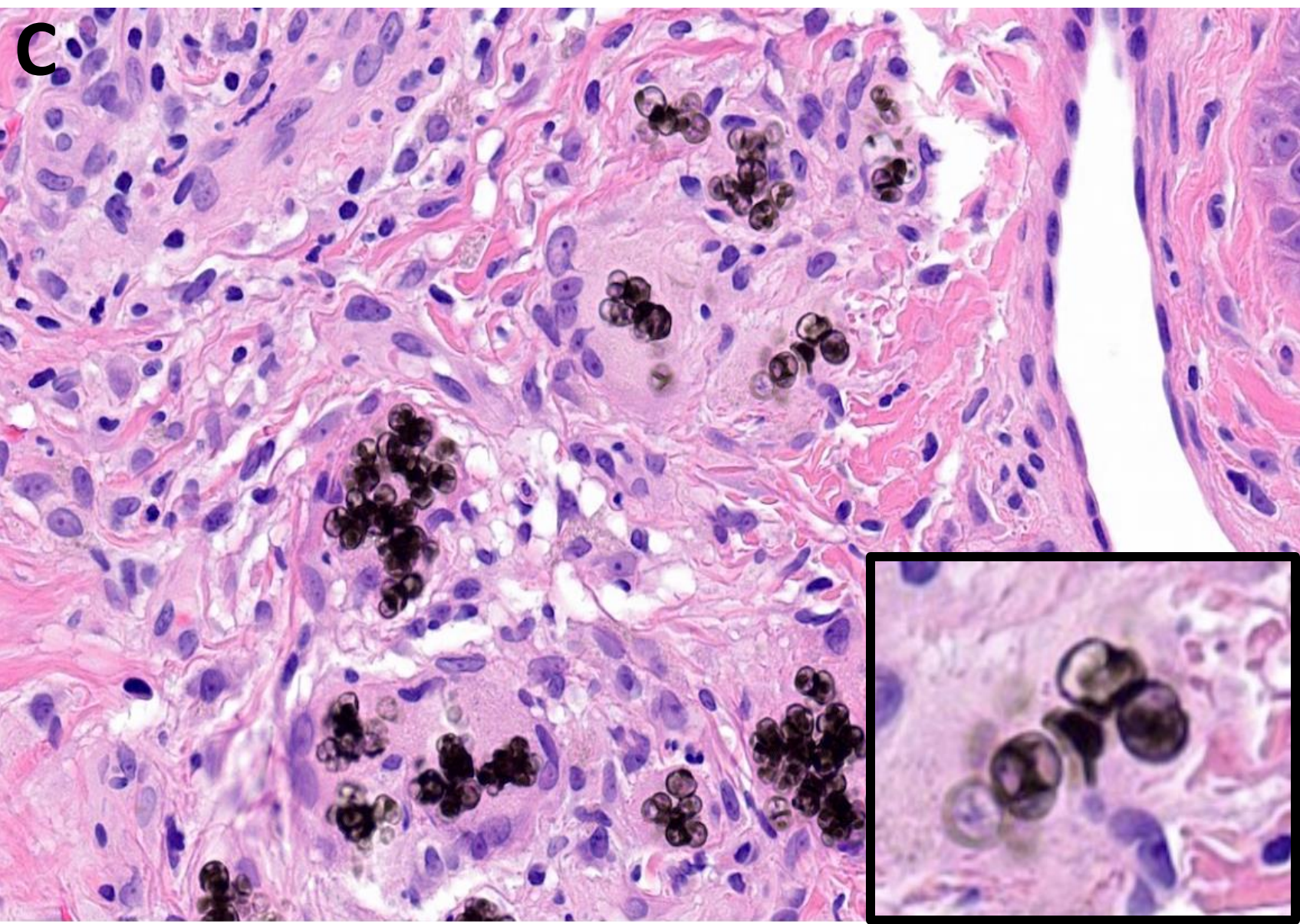
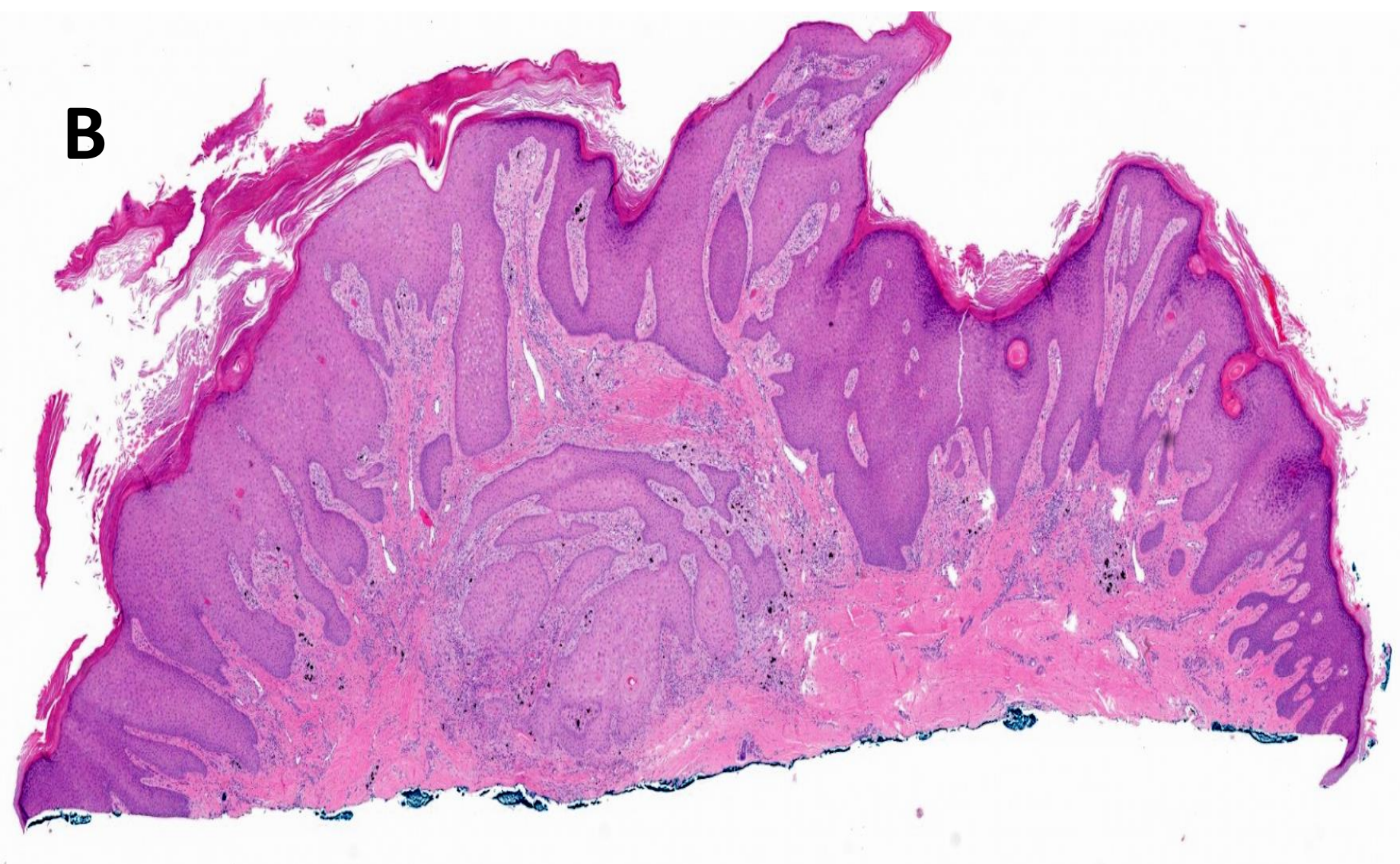
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Introduction/Objectives

- Chromoblastomycosis is a chronic subcutaneous fungal infection caused by melanized (dematiaceous) fungi, often following traumatic inoculation.
- We report a unique case of cutaneous chromoblastomycosis that clinically mimicked squamous cell carcinoma in an immunocompromised individual.
- This case underscores the importance of recognizing chromoblastomycosis early, since its similarity to squamous cell carcinoma and other primary non-melanoma skin cancers can delay appropriate therapy.

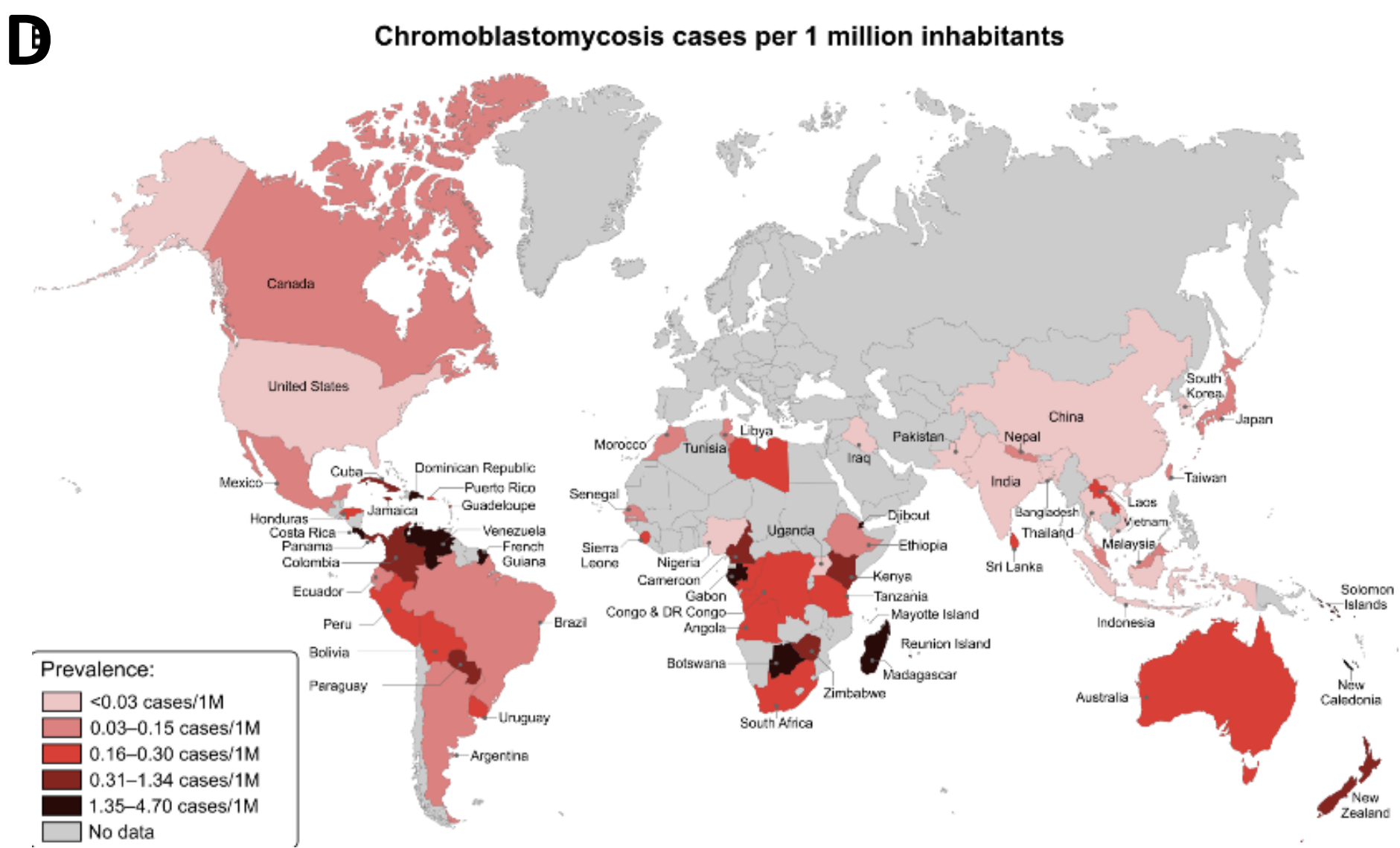


Case

- 62-year-old male presented with an enlarging asymptomatic lesion on the left elbow
- **PMHx:** Renal transplant 3 years prior on tacrolimus and mycophenolate
- **Skin Exam:** Scaly, exophytic, hyperkeratotic plaque overlying the left elbow
- **Shave Biopsy:** Analyzed with H&E microscopy and immunohistochemistry (IHC)
- **Final Diagnosis:** Cutaneous chromoblastomycosis
- **Therapy:** Alongside infectious disease, patient was started on oral voriconazole
- **Figures**
 - A) Clinical photograph of the left elbow.
 - B) Pseudoepitheliomatous hyperplasia (H&E 10x).
 - C) PAS stain positive for fungal elements with thick-walled, dark brown ovoid + spherical structures, resembling “copper coin” shaped organisms (H&E 100x).
 - D) Prevalence map of Chromoblastomycosis (Santos et al. 2021)

Discussion

- Chromoblastomycosis is typically seen in humid, tropical and subtropical regions, but remains exceedingly rare in the U.S. Immunosuppression from solid organ transplantation is a key risk factor, even in the absence of traditional environmental exposures such as travel to endemic areas or contact with soil or decaying vegetation.
- Clinically, lesions often present as slowly progressive verrucous papules, plaques or nodules, which can closely resemble SCC. In immunosuppressed patients, the disease may demonstrate locally destructive behavior with an increased risk of chronicity, systemic dissemination, and rarely, malignant transformation.
- Our patient’s only identifiable risk factor was his immunosuppression from renal transplantation. This case reinforces the importance of maintaining chromoblastomycosis in the differential diagnosis of atypical or non-healing lesions in transplant recipients, as early recognition can alter management and prevent long-term complications.



References

•Queiróz AJR, Pereira Domingos F, António JR. Chromoblastomycosis: clinical experience and review of literature. *Int J Dermatol.* 2018;57(11):1351-1355. doi:10.1111/ijd.14185

•Santos DWCL, de Azevedo CMPES, Vicente VA, et al. The global burden of chromoblastomycosis. *PLoS Negl Trop Dis.* 2021;15(8):e0009611. Published 2021 Aug 12. doi:10.1371/journal.pntd.0009611