

Necrosant Fasciitis with Histoplasma Duboisii

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Abstract

Summary

Context and rationale: African Histoplasmosis has been described in the African tropical belt. Its prevalence is unknown in Congo. Histoplasmosis can be localized or systemic. Its skin manifestations vary. Necrotizing fasciitis is a serious bacterial condition. It is exceptionally fungal.

Observation

The authors report the case of a 12-year-old child, living in a rural area in Congo Brazzaville. The patient has no particular history. HIV serology is negative. He has a deterioration in general condition with anemia and asthenia, an infectious syndrome, hepatosplenomegaly. The diagnosis of histoplasmosis is histological. Improvement is obtained in a few days with Itraconazole.

Conclusion

Necrotizing fasciitis is classically due to common germs. It is useful to look for Histoplasmosis in certain skin necroses and ulcers.

Keywords: Necrotizing fasciitis; Histoplasmosis; child

Introduction

Necrotizing fasciitis is a deep skin infection that affects fascia. They are deadly. These are medical-surgical emergencies [1]. They are classically mono or poly microbial bacteria, notably streptococcal, associated or not with staphylococci, enterobacteria and rarely attributed to species such as Shewanella Alga [2] Antibiotic therapy is probabilistic during initial treatment [3] Mortality is high. Exceptional cases of fungal necrotizing fasciitis have been reported [4] We report necrotizing Histoplasma fasciitis in a 12-year-old child.

Observation

This was a male subject, aged 12, living in a rural area, with a low socio-economic level. He was admitted to the pediatric surgery department for ulceration of the left thigh. He had no particular background. The onset of symptoms dated back 2 months before admission, with pigmented popular lesions and umbilicated papules (Figure 1) diffuse but predominant in the pelvic limbs. One of the lesions had a gummy development leading to ulceration of the lower antero third of the left thigh (Figure 2). There was

an infectious syndrome, anemia, hepatosplenomegaly, inguinal lymphadenopathy with an inflammatory appearance. HIV serology was negative. Histopathology revealed *Histoplasma capsulatum* Var *Duboisii*. ulcer cleaning and treatment with itraconazole at 100

mg per day were prescribed. An improvement was observed on the 5th day (Figure 3). Treatment was continued on an outpatient basis after 2 weeks of hospitalization.



Figure 1: Pigmented maculopapular lesions Umbilicated papules.



Figure 2: Ulceration 1/3 antero-inferior of the thigh Necrotic-Hemorrhagic Lumpy at loose edge.



Figure 3: Favorable development 5th day of treatment.

Comments

It was a *Histoplasma Duboisii* necrotizing fasciitis in a 12-year-old child. Necrotizing fasciitis is rare. They are exceptional in children [5] their cause is classically bacterial. The probabilistic treatment codified by the French Society of Infectiology and Tropical Pathology includes a synergistic combination of antibiotics [3] But necrotizing fasciitis can be fungal. A form resistant to antibiotics was *murcomycoses* [4] immunocompromise is not obligatory in cutaneous and or systemic histoplasmosis [5] Mycobacteria must be discussed in particular buruli ulcer and multifocal tuberculosis. Itraconazole is effective and well tolerated [1,6].

Conclusion

This was an exceptional clinical form due to the age of the patient, the fungal etiology and the effectiveness and tolerance to itraconazole.

Acknowledgments

None.

Conflict of Interest

None.

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