<https://doi.org/10.47660/CBR.2020.17600>

SPOROTRICHOSIS IN THE DIFFERENTIAL DIAGNOSIS OF ULCERATIVE LESION IN A PATIENT PRESENTING WITH MIXED CONNECTIVE TISSUE DISEASE: CASE REPORT

Thiago Henrique da Silva Rached¹, Túlia Silva Freire¹, Villane Matheus Fernandes Silva¹, Raquel Anne Bacurau Monteiro¹, Hugo Deleon de Lima¹, Beatriz Afonso Ferreira Coelho Siltón¹, Maria Regina Macêdo Campos¹, Lígia Helena de Melo Rosendo¹, Laurindo Ferreira da Rocha Junior¹

1. Instituto de Medicina Integral Professor Fernando Figueira, Recife (PE), Brazil.

*Corresponding author: hugodeleondelima@gmail.com

BACKGROUND

Mixed connective tissue disease (MCTD) is a connective tissue disease that incorporates selected clinical features of systemic lupus erythematosus, systemic sclerosis, and polymyositis characterized by the presence of high titers of anti-U1-ribonuclear protein (RNP) autoantibodies. Chronic ulcers in MCTD have been reported to be due to subcutaneous calcification, vasculitis, nonspecific inflammation, Antiphospholipid antibodies. Cutaneous sporotrichosis infections can be difficult to visually distinguish from other ulcerative or infiltrative lesions particularly in patients with connective tissue diseases. We present a case of a patient presenting with MCTD and ulcerative lesion caused by sporotrichosis.

CASE REPORT

A 35-year-old female patient was referred to our outpatient rheumatology clinic with a 9-month history of polyarthralgia, Raynaud phenomenon, acrosclerosis, weight loss (10 kg in 2 months), puffy fingers, dysphagia, right wrist arthritis, panniculitis of the right thigh and painful ulcerative lesion in the left forearm (with onset in the last 4 months). Laboratory tests demonstrated high erythrocyte sedimentation rate (76 mm in the first hour), high titers of ANA (1/1280), positive rheumatoid factor and high titers of anti-RNP antibodies. Anti-DNA, anti-SM, anticentromere, anti-Scl70, antiphospholipid and anti-SSA/SSB antibodies were negative. Esophageal transit scintigraphy showed prolonged esophageal clearance. The patient was diagnosed with MCTD according to Alarcón-Segovia criteria and underwent skin biopsy, in which there was a diffuse infiltration of neutrophils through the dermis suggesting pyoderma gangrenosum. Later she developed papules in the left upper limb with lymphocutaneous spread. She started therapy with prednisone 20 mg/day and hydroxychloroquine 400 mg/day with no improvement of the lesion. Then, she performed culture of aspirated material from the lesion that identified *Sporothrix schenckii*. Itraconazole (200 mg/day) was promptly started. Treatment continued for 7 months leading to complete wound regression and healing of the left arm. After 30 days of itraconazole therapy, she started azathioprine 100 mg/day and maintained hydroxychloroquine with improvement of the MCTD symptoms.

CONCLUSION

Ulcerative skin manifestations of MCTD might be present at the onset of symptoms. Sporotrichosis might mimic ulcerative lesions associated with connective tissue diseases specially pyoderma gangrenosum. Differential etiologies of ulcers in systemic autoimmune diseases are a diagnostic challenge.