INTRODUCTION
Sporotrichosis, a subacute to chronic infection caused by the dimorphic fungus Sporothrix schenckii, is a common subcutaneous fungal infection seen in patients who have had trauma, including Malaysia. Infection commonly related to animal bite/scratch and traumatic inoculation from decaying material or torn prick.

OBJECTIVE
The objective of this study is to assess the patients’ demography, clinical characteristics, type of preceding trauma, exposure to cat, histopathological findings of cutaneous sporotrichosis, treatment and outcome of patients presented to Hospital Raja Permaisuri Bainun from January 2011 till August 2015.

METHODOLOGY
A retrospective review of all cases diagnosed with cutaneous sporotrichosis from January 2011 till August 2015 (Table 1) The median age of our patients was 53 years old and it ranged from 8 years old to 87 years old. Majority were females (52.9%, n=27) and 24 were male (47.1%). Most of the patients were Malay (76.5%, n=39) followed by Chinese (19.6%, n=10) and Indian (3.9%, n=2).

Almost half of the patients can recall the preceding trauma before the onset of skin lesion (43.1%, n=22) and the remaining 29 patients (56.9%) were unable to recall any trauma. Of the 22 patients documented trauma, nearly half of them (45.6%, n=10) had trauma related to cat scratch or bite. The remaining were attributed by other individuals such as dog (27.3%, n=6), abrasion wound (9.1%, n=2), fish bite, mosquitoes bite, scissors prick and post surgery for cyst excision (1 case for each) (18.2%). As for the 29 patients who were unable to recall preceding trauma, 18 of them (62.1%) had contact with cat even though they did not recall any cat bite or scratch.

Majority of our patients had upper limb as the site of the primary lesion (84.3%, n=43) while 5 patients (9.7%) had their primary lesion at the lower limb. The other sites of primary lesions are the cheek, back and chest with patient for each (6.0%).

Lymphocutaneous sporotrichosis (Figure 2) was the predominant subtype observed in our series (70.8%, n=36) while 14 patients (27.3%) showed cutaneous sporotrichosis (Figure 3) and 1 patient (2.0%) had disseminated sporotrichosis.

In terms of histopathological findings most of our patients had granulomatous reaction (86.3%, n=44). However, Periodic acid-Schiff (PAS) staining was only positive for fungal elements in 3 patients (5.9%). Half of our patients had positive culture of Sporotrich schenckii (81.0%, n=28).

Out of 51 patients in the study, 34 patients (66.7%) had full recovery while 9 lost to follow up. 3 patients (5.9%) continued the treatment at other centres and 5 patients (9.8%) are still being followed-up in our clinic. Among 51 patients, 6 patients were treated with Itraconazole and mean duration of treatment was 21.5 weeks (range from 12 weeks to 45 weeks) and remaining 6 patients were treated successfully with tab terbinafine.

Discussion
S. schenckii is a saprophyte in the environment and it is known that injury which, for example, a bite, a scratch, a bird, a fish, or a sugarResearch: A new pathogenic fungus. J Exp Med. 1900;5:77–89.

Histopathology examination is usually non specific and vary from acute to chronic to granuloma with a variable reaction3. It is often difficult to demonstrate the fungus with special stain (e.g. periodic acid-Schiff) in histology due to paucity of the organism present in the lesion. In our series, 84% of patients had granulomatous reaction but only 5.8% had demonstrated budding yeast with special stain. The gold standard for a definitive diagnosis is fungal culture27,62.

S. schenckii of cutaneous sporotrichosis is the most common clinical presentation worldwide3. This is consistent with our study which 70.6% were lymphocutaneous sporotrichosis.

The incidence of previous fungal disease not be conclusive and special staining has very low positive yield. Fungal culture still remains the gold standard for the diagnosis of sporotrichosis. Itraconazole is the treatment of choice with high cure rate. Reference: 6.

Conclusion
Lymphocutaneous sporotrichosis is the most common clinical presentation. Cat scratch or bite is the most common preceding trauma follow by plant injury in our series of cases. Histopathological material are not the gold standard for the diagnosis of sporotrichosis.

Figure 1: History of preceding trauma among patient with cutaneous sporotrichosis

Figure 2: Lymphocutaneous sporotrichosis

Figure 3: Fixed cutaneous sporotrichosis

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