



Trichophyton verrucosum infection after contact with Australian cattle

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Outline

- Case report
- Identification of the fungus
- *Trichophyton verrucosum*
- Take home message

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Case report

- 27-year old male
- Anamnesis:
 - worked on a farm with oxen and sheep during a trip to Australia
 - 2 weeks earlier presentation in other Belgian peripheral hospital with same symptoms
 - treated empirically with IV broad spectrum antibiotics for working diagnosis erysipelas
- Clinical investigation:
 - diffusely red swollen right knee
 - several red spots on the right leg
 - a partially pustulating, non itching, ulcerative lesion on the flexor side of the right leg

Diagnostic tests



Evaluation
aerobic
cultures

Evaluation
anaerobic
cultures

Day 1

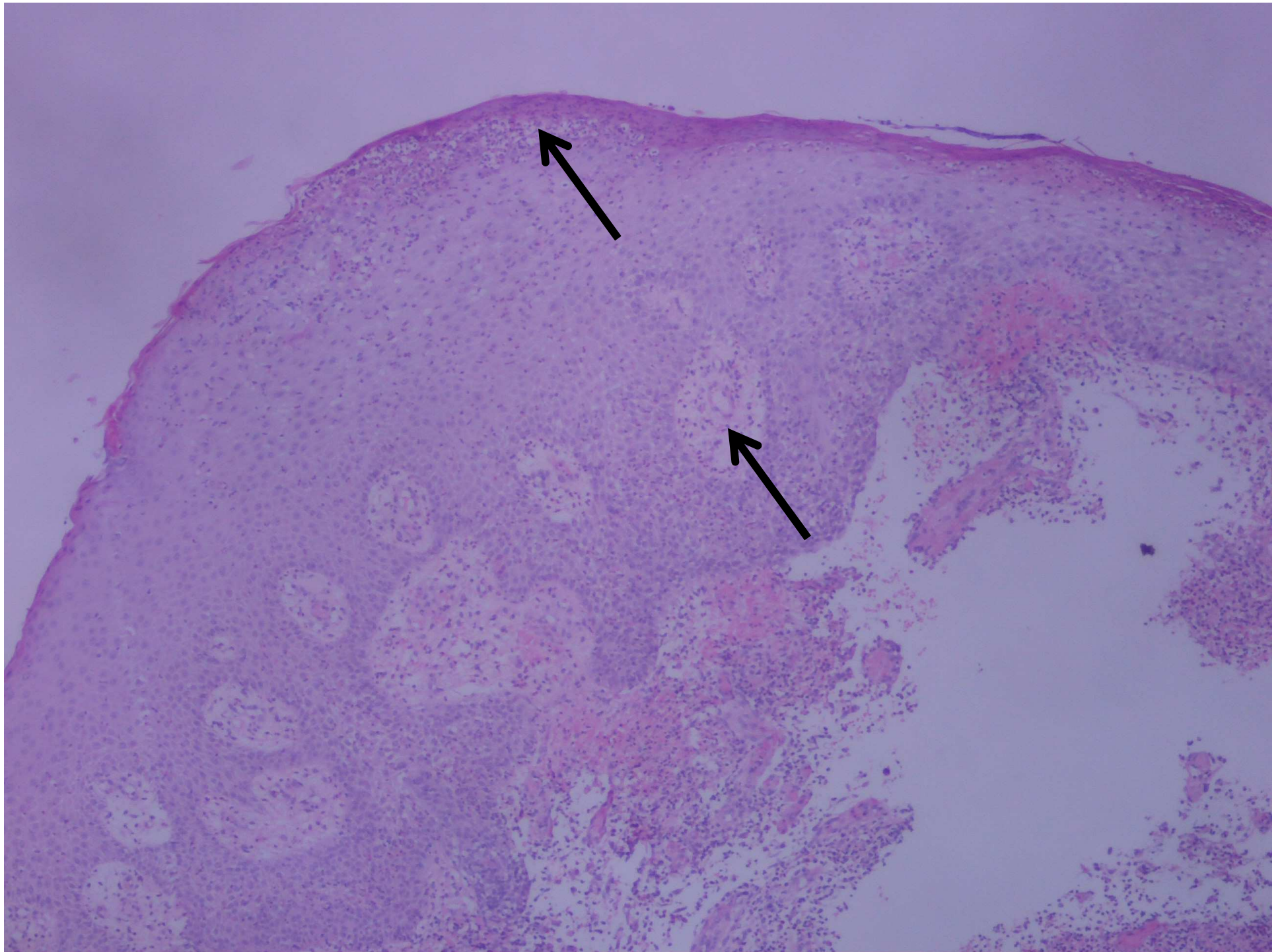
Day 2

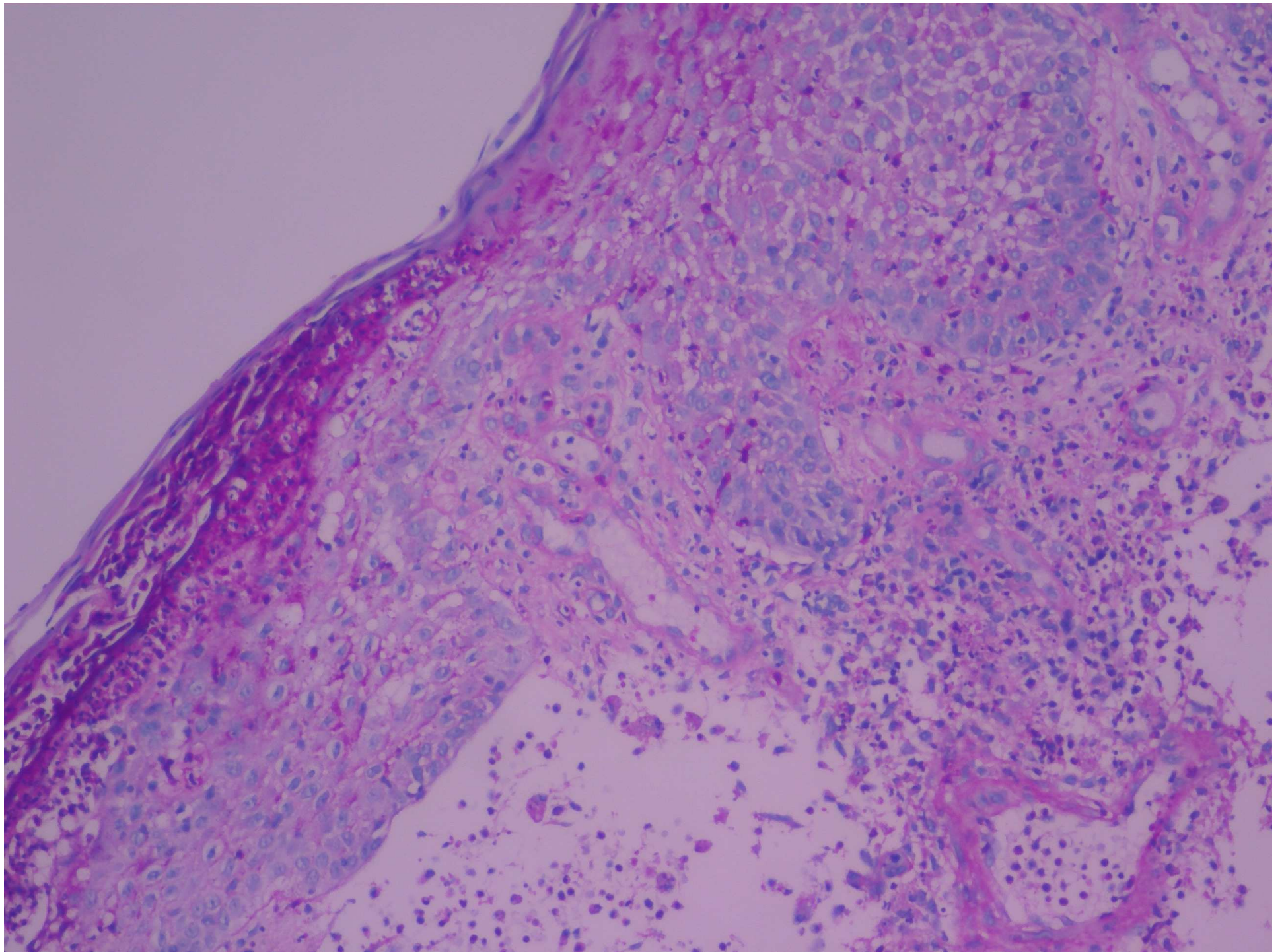
Day 3



Skin
biopsy

Start
flucloxacillin
empirically





Diagnostic tests



Evaluation
aerobic
cultures

Evaluation
anaerobic
cultures

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6



Start
flucloxacillin
empirically

Skin
biopsy

Start
antifungal
therapy



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Identification of the fungus

Direct macroscopic and
microscopic
examination



Macroscopic examination



Sabouraud agar with cycloheximide at 30°C after 2 weeks

Macroscopic examination



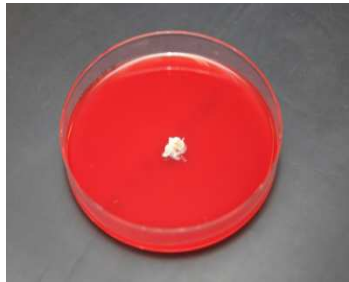
Sabouraud agar with cycloheximide at 30°C after 2 weeks

Culture

After 4 days



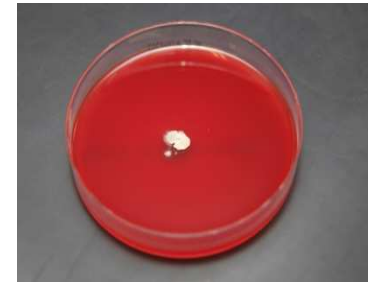
Sabouraud agar +
cycloheximide
30°C



blood agar (5%
sheep blood)
30°C



Sabouraud agar +
cycloheximide
35°C



blood agar (5%
sheep blood)
35°C

After 11 days



Sabouraud agar +
cycloheximide
30°C



blood agar (5%
sheep blood)
30°C

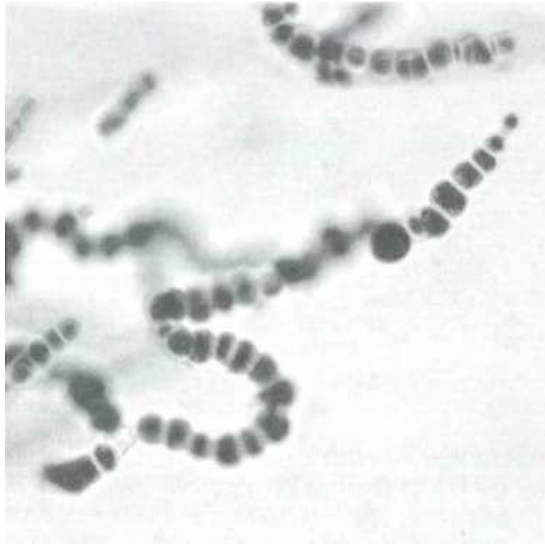


Sabouraud agar +
cycloheximide
35°C

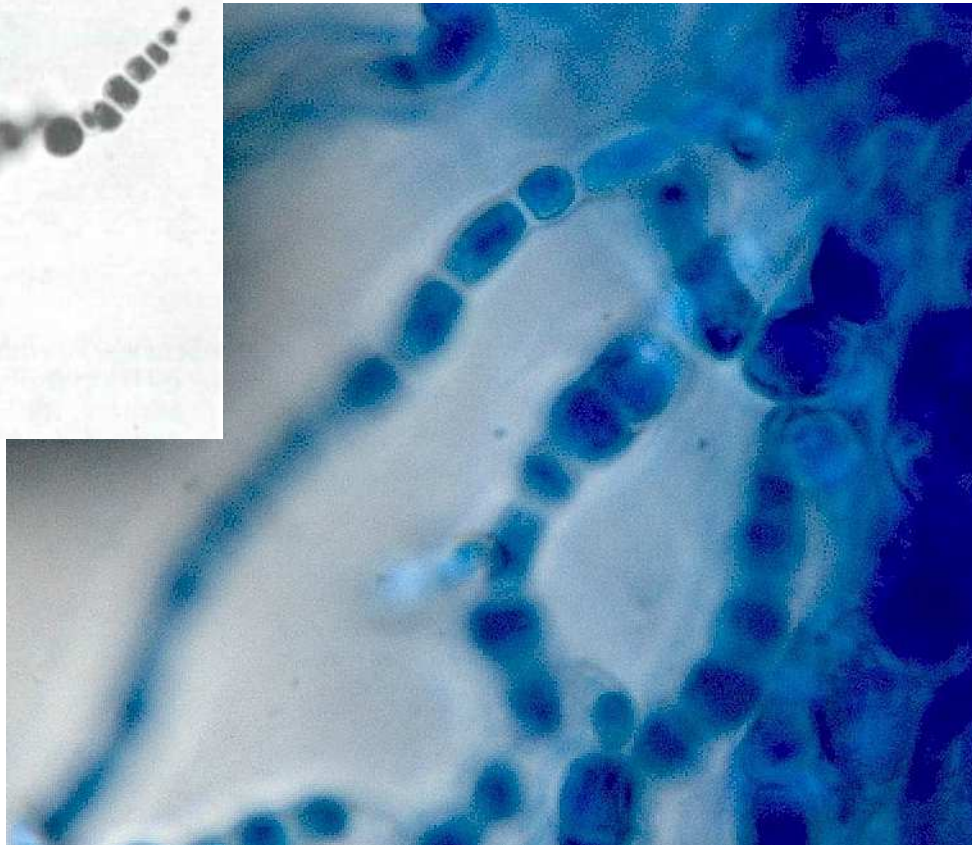


blood agar (5%
sheep blood)
35°C

Direct microscopic examination from Sabouraud agar (35°C)

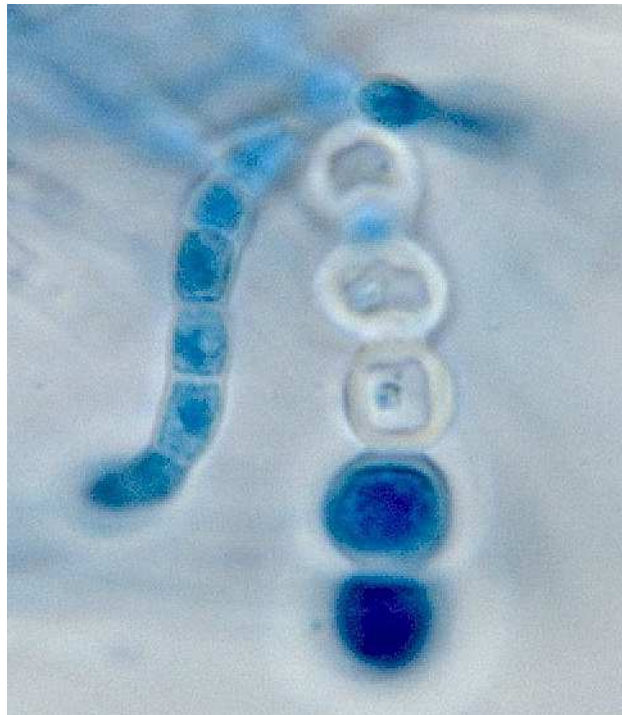


Textbook: Medical Important
Fungi (Larone 2011)



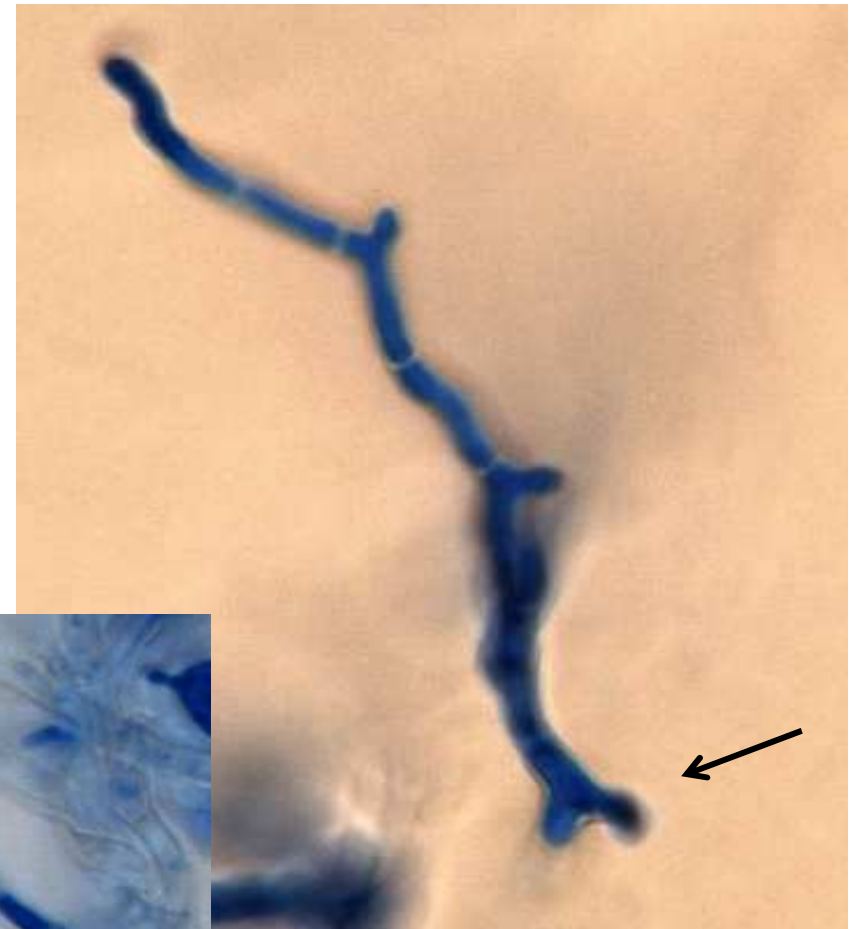
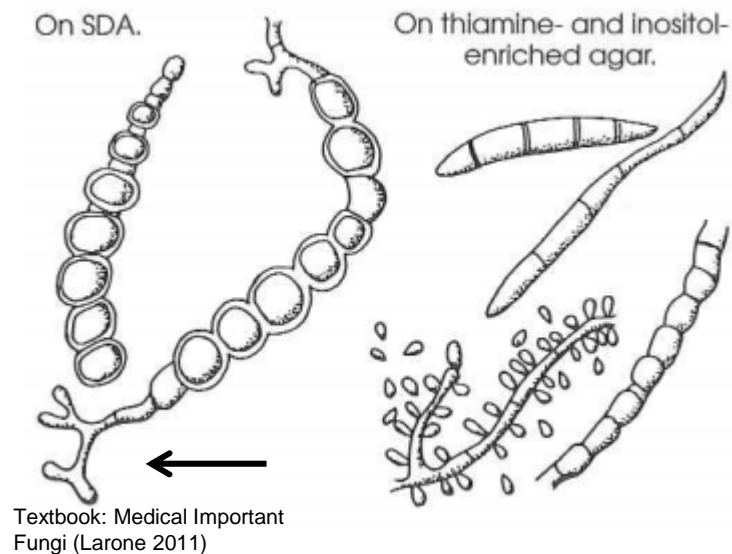
- Stained with lactophenol blue
- 100x magnification

Direct microscopic examination from Sabouraud agar (35°C)



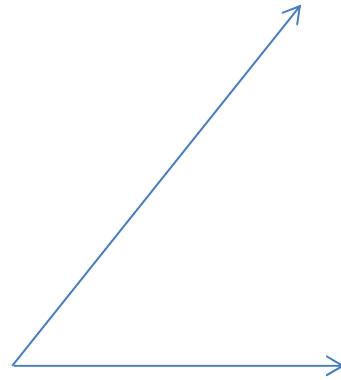
- Stained with lactophenol blue
- 100x magnification

Direct microscopic examination from Sabouraud + actidione (35°C)

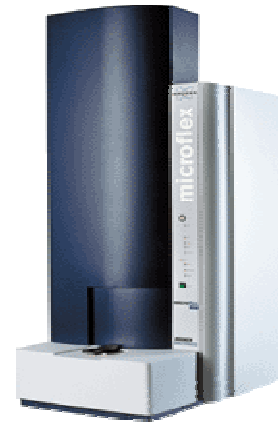


-Stained with lactophenol blue
-100x magnification

Identification of the fungus



Direct
microscopic
examination

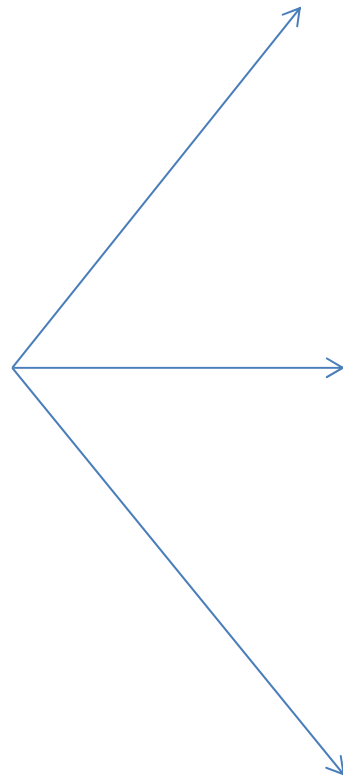


MALDITOF

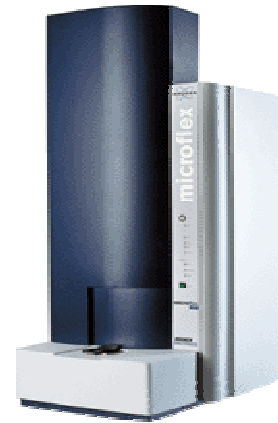
- Validation of fungal library
- Preliminary results:

<u>B4</u> (+) (B)	T. veri	<u>Trichophyton mentagrophytes var erinacei</u> <u>[ana] Arthroderma benhamiae[teleo] CC6</u>	<u>1.977</u>	<u>Trichophyton mentagrophytes var erinacei</u> <u>[ana] Arthroderma benhamiae[teleo] CC6</u>	<u>1.782</u>
<u>B5</u> (+) (C)	T. veri	<u>Trichophyton mentagrophytes var erinacei</u> <u>[ana] Arthroderma benhamiae[teleo] CC6</u>	<u>1.993</u>	<u>Trichophyton mentagrophytes var erinacei</u> <u>[ana] Arthroderma benhamiae[teleo] CC6</u>	<u>1.895</u>

Identification of the fungus



Direct
microscopic
examination



Confirmation by
national reference
laboratory UZLeuven

Confirmation by national reference laboratory UZLeuven

Bacteriologie Culturen

Varia

cultuur fungus 28-07-2013 15:50

Gevoeligheidsbepaling fungus

Identificatie doorsturend labo:

C Trichophyton verrucosum

Gevoeligheidsbepaling wordt niet uitgevoerd voor dermatofyten omdat dit zich nog volledig in de onderzoeksfase bevindt (geen gestandaardiseerde procedure beschikbaar).

Test uitgevoerd door Nationaal Referentiecentrum.

Antimycoticum:

niet uitgevoerd

MIC-bepaling:

niet uitgevoerd

Identificatie fungus:

ontvangen op 22-10-2013 16:07

Treatment

- Itraconazole PO 200 mg 2x/day during 28 days
- Sulconazole nitrate topically 1x/day
- Follow-up 3 months later:
 - lesions on the right leg healed
 - subtle discoloration of the skin remained

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Trichophyton verrucosum

- Zoöphilic dermatophyte
- Occasionally transmitted to humans, mainly by infected cattle and fomites
- Causes tinea capitis, tinea corporis and tinea barbae. Lesions typically suppurative.
- Distribution worldwide, prevalence in Europe infrequent.
- Culture:
 - slowly
 - enhanced on media enriched with thiamine and inositol
 - unlike other dermatophytes, grows better at 37°C



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Table 4 Summary of the European incidence of the most common mycoses identified in these epidemiological studies

	Lange et al. ²⁶	Korstanje ²¹	Monod et al. ²³	Dolenc-Voljc ³⁷	Lehenkari et al. ²²	Prohic ³⁸	Jeske et al. ²⁷	Lupa et al. ¹¹
<i>Microsporum canis</i>	62	40.9	5	46.8		90.4	23.5	
<i>M. gypseum</i>							5.3	
<i>M. equinum</i>							0.7	
<i>M. cookei</i>							0.14	
<i>Trichophyton mentagrophytes</i>			24.5		26			
<i>T. mentagrophytes</i> var. <i>granulosum</i>							21.6	30.9
<i>T. mentagrophytes</i> var. <i>interdigitale</i>				7.9			2.3	10.0
<i>T. mentagrophytes</i> var. <i>mentagrophytes</i>		11.4		4.9				
<i>T. mentagrophytes</i> var. <i>quinckeanum</i>							6.0	6.9
<i>T. rubrum</i>	12		62.5	36.7	66		17.8	41.7
<i>T. verrucosum</i>		4.5					0.4	
<i>T. violaceum</i>		29.6				1.9	3.7	0.1
<i>T. tonsurans</i>		6.8					10.4	2.3
<i>T. terrestre</i>								0.2
<i>T. schoenleinii</i>		2.3				2.4		
<i>Epidermophyton floccosum</i>					6		7.7	7.4

All values are percentages.

Havlickova, Mycosis 2009.

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Take home message

- Clinician: think of fungi as potential cause of chronic skin lesions
- Importance of fungal cultures for chronic skin lesions
- Laboratory: fungi, isolated from routine cultures, can be of diagnostic importance