BASIDIOBOLOMYCOSIS IN TOGO: CLINICO-PATHOLOGICAL STUDY OF A SERIES OF 12 PRESUMED CASES

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Introduction

Basidiobolomycosis is a rare deep mycosis found in rural areas in tropical areas, mainly in Africa, Asia and Latin America [1]. The main etiologic agents have *Basidiobolus ranarum and Basidiobolus haptosporus*, saprophyte of soil and plants of tropical and subtropical countries [2, 3]. The purpose of our study was to describe the histological diagnosed of the Basidiobolomycosis cases in the only Pathology Anatomy Laboratory in Togo.

Methods

This was a descriptive study on all the records of histological diagnosed Basidiobolomycosis in the only Laboratory of Pathological Anatomy in Togo, from January 1990 to December 2017. During this period, the samples were recorded in the pathology laboratory register, prepared in fine sections embedded in paraffin (56–60 °C) and then stained with haematin eosin (H.E). The results and review reports of all cases compiled from the registers were collected using a preestablished form.

Results

Twelve cases of Basidiobolomycosis were diagnosed Between 1990 and 2017.

Table: Epidemiological and clinical
characteristics of patients

Characteristics	Values
Sex	
(i) Men	8/12
(ii) Women	4/12
Age (years)	
(i) Average	24.8± 1.6
(ii) Extremes	9 - 54
Profession	
(i) Farmers	9/12
(ii) Students	3/12
Pathological history	6/12
HIV infection	4/6
Tuberculosis	2/6
Localization	
(i) Skin	9/12
(ii) Skin and mucosa	2/12
(iii) Disseminated	1/12

Mycological and anatomopathological aspects

The direct mycological examination and culture performed in patients was positive in 3 days between them, with the detection of B. ranarum. From the anatomopathological point of view, the samples examined consisted of 11 cutaneous biopsies measuring 1–3 cm and a biopsy of the intestinal mucosa. Histology had shown tuberculoid granulomas with giant cells, numerous lymphocytes, histiocytes, and eosinophilic cells, an amorphous eosinophilic material also known as the Splendore-Hoeppli phenomenon, and septal hyphae fragments of 10 μm in diameter.

Therapeutical aspects

Patients were treated with ketoconazole at a dose of 10 mg/kg daily. Hepatic transaminases were measured at the beginning of treatment and every 2 weeks during treatment. No hepatic intolerance was noted. The progression of the patients' condition was favorable after 4 weeks of treatment with a regression of the closets size. Patients were completely healed after 8 weeks of treatment, without recurrence after 6 months. No deaths have been recorded.

Conclusion

Our study shows the extreme rarity of Basidiobolomycosis in Togo.

References

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