

The unusual suspect: Sporotrichoid spread due to non-tuberculous mycobacterial infection – Lesson from a five-year case

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ABSTRACT

Introduction: Sporotrichoid spread is a clinical condition describing nodular lymphangitis that is classically seen in sporotrichosis, though can also be due to many other diagnoses. Here we present a case of sporotrichoid-lymphocutaneous infection due to. **Materials and Methods:** Here we illustrate a patient who presented with sporotrichoid-lymphocutaneous infection caused by non-tuberculous mycobacterium in which treatment instituted empirically for non-tuberculous mycobacterium based on detection of acid fast bacilli (AFB) in pathologic section and clinical response that ensued. **Results:** 48-year-old mechanic gentleman presented with multiple nodule at the right forearm for 4-month duration. No history of contact with cats, plants, aquatic environment. On examination multiple nodule over right forearm in linear pattern. No initial skin biopsy was performed as he was treated empirically for sporotrichosis for four-month duration with tablet itraconazole after which he defaulted. Within the span of 5 years his symptom gradually worsen with development of extensive plaque at the right forearm and left leg region associated with limb contracture. Histopathology showed epithelioid granuloma with AFB detected via Ziehl-Neelsen stain. The skin tissue MTB culture and polymerase chain reaction (PCR) test were negative. Tuberculin skin test was done with positive result (15mm). Clinical resolution was achieved with Doxycycline 100mg twice daily monotherapy for nine months. He was also referred to occupational therapist and plastic surgeon to address the limb contracture. **Conclusions:** Nodular lymphangitis can be due to many condition apart from sporotrichosis. Skin biopsy should be done early as accurate diagnosis is imminent to avoid catastrophic complication.