

Raspberry-like tumor on the skin – A rare entity

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ABSTRACT

Rhinosporidiosis is a chronic rhinosporidium seeberii-caused granulomatous infection. Infection is usually caused by contact with fresh water resources which are stagnant. Rhinosporidiosis is usually present in the nasal and nasopharyngeal mucosa as sessile or pedunculated vascular polyps. Cutaneous dissemination, although known, is quite rare. The disease, while being a common occurrence for otorhinolaryngologists, is also of interest to dermatologists due to the skin and subcutaneous lesions. Here we note a case of rhinosporidiosis cutaneous along with involvement of the nasopharyngeal.

A 68-year-old male from a rural area, with a history of frequent baths in ponds, presented numerous reddish-like raspberry-like lesions over both legs and left arm for 1 year period to our department. There were painless lesions which bled rarely on trauma. He gave a history of recurrent polypoidal masses in the nose for which surgery was performed twice, with records not available. The patient also had complaints over the past 7 months about dyspnea and nasal twang of voice. On dermatology, there were several reddish polypoidal fungal growths of varying sizes, ranging from 3 to 2 cm to 6 to 5 cm, present on the left neck, left shine, and right lateral malleolus. There was no lymphadenopathy at the site. It was common to have oral and nasal mucosa tested. We considered, and investigated the patient, the differential diagnosis of squamous cell carcinoma, subcutaneous mycosis, cutaneous tuberculosis and sarcoidosis. The standard limits were for routine hemogram, erythrocyte sedimentation rate, blood sugar, liver and renal function checks, chest X-ray, bone X-ray, and abdominal ultrasonography. The HIV test and serology at Mantoux was negative. Imprint smear from the 10 percent KOH stained lesion and Giemsa revealed multiple sporangia with several endospores.

In view of the nasal symptoms the patient was referred to otorhinolaryngologists. Endoscopic examination indicated the presence in the nasopharynx of reddish, friable, polypoidal mass which was identified as nasopharyngeal rhinosporidiosis. The rhinosporidiosis diagnosis was confirmed by histopathological analysis of

the cutaneous lesion. The final diagnosis was made with cutaneous rhinosporidiosis.

All cutaneous lesions were excised and the patient began with 100 mg daily dapsone and 500 mg twice daily ciprofloxacin. He was referred to an ENT surgeon for the already excised nasopharyngeal lesions. He had been told to report annually for follow-up.

Rhinosporidiosis is more common in males and is usually seen in the second to fourth decades. Exposure to polluted water, bathing in mud, in which cattle are often bathed, and frequent trauma for their acquisition have been blamed. In South India and Sri Lanka the condition is endemic.

There are four known types of the disease, namely nasal, ocular, cutaneous, and (rare) disseminated. Nose and nasopharynx are the most common sites of infection, accounting for more than 75 percent of cases, followed by palpebral conjunctiva or associated structures such as lacrimal apparatuses. Cutaneous lesions are rare and are generally linked to mucosal lesions

This case illustrates the occasional incidence of cutaneous rhinosporidiosis even though swimming by the pond is uncommon in present times. It is necessary to keep in mind the possibility of this unusual entity, particularly when polypoidal growths are associated with cutaneous lesions in the nasal cavity.

Keywords: Cutaneous rhinosporidiosis, *Microcystis aeruginosa*, Ciprofloxacin