

Introduction

- Coccidioidomycosis, a dimorphic *Coccidioides Immitis* and *Posadasii*, rarely disseminate to skin but can present with challenging manifestation resembling various dermatological conditions
- Prevalent in arid regions
- Acquired through inhalation or direct inoculation
- Diagnosis requires higher suspicion
- Discuss a case report of Disseminated Cutaneous Cocci that imitated hidradenitis suppurativa

Images



Image 1: Right thigh



Image 2: Right groin

Case Report

- A 31-year-old Hispanic male who failed multiple treatment regimens for recurrent pustule abscess at multiple sites presented with worsening of right inguinal and lower back pain secondary to abscess.
- No significant PMHx
- Migrated from Mexico 4yrs ago to Bakersfield, CA
- Worked as restaurant dishwasher
- Onset symptoms 1-year ago
- First lesion developed right lateral thigh, self drained and healed with scar
- 6-months later developed right lower back abscess s/p abx, healed with scar.
- 3-months ago developed abscess right inguinal s/p multiple abx, wound Cx negative for anaerobic/aerobic bacteria, remained non-healing.
- 5-days prior to admission, new onset of symptoms including: headache, subjective fever, nausea/vomiting. At this point wound culture were collected including fungal and send home with another course of abx.
- Symptoms failed to resolved, patient returned to hospital.

LABS

- Hemodynamically stable
- CBC & CMP unremarkable
- CRP 4.70
- Wound cultures:
 - Gram stain: negative
 - Anaerobic: no growth
 - Aerobic: rare fungus resembling *Coccidioides* species
- CSF culture: negative
- CXR Chest: right lower lobe cavity
- CT abdomen/pelvis w/ contrast: cavitory lesion in right lower lobe suggesting pulmonary cocci vs. others. Diffuse infiltrative process in right lower quadrant/pelvis with enlarged LN demonstrating diffuse enhancement and anterolateral fluid collection concern for cocci. Scattered bony lesion suggesting coccoidal mycosis
- MRI Spine Lumbar w/ +/- contrast: involvement of lumbar vertebral bodies as well as sacrum and iliac bones by cocci. Soft tissue inflammation to right side of L5 and S1 extending to right iliac fossa.

Physical Exam

General: appeared in no acute distress
 Skin: Healed scar on right thigh (Image 1); Open/draining wound of right groin (Image 2); Surgical wound of left lower back (Image 3); Indurated/close site of right lower back (Image 4).

References

1. Reference Ocampo-Garza J, Castrejón-Pérez AD, Gonzalez-Saldivar G, et al Cutaneous coccidioidomycosis: a great mimicker Case Reports 2015;2015:bcr2015211680.
2. Sharifi S, Sharma R, Heidari A, Johnson RH. Disseminated Coccidioidomycosis: Cutaneous, Soft Tissue, Osseous, and "Shotgun Intraparenchymal" Brain Disease. J Investig Med High Impact Case Rep. 2022 Jan-Dec;10:23247096221075906. doi: 10.1177/23247096221075906. PMID: 35199591; PMCID: PMC8883362.
3. <https://www.uptodate.com/contents/manifestations-and-treatment-of-nonmeningeal-extrathoracic-coccidioidomycosis>



Image 3: Surgical wound Left lower back



Image 4: Right lower back

Outcome

- Started on AmBisome IV 250mg (5mg/kg) every other day duration of 3 months.
- Weekly monitor LFTs
- Keep K>4, Mg>2
- Follow up outpatient infusion clinic

Clinical Relevance

- Patient's cutaneous presentation mimicked those of HS, guiding his treatment regimen which further led to complications, cocci osteomyelitis of vertebrae.
- Cases with poor response to therapeutic treatment, extra vigilant is necessary to consider rare form of diseases, requiring comprehensive workup. Consultation with specialist is beneficial guiding further management.