

A case of fungal infection with *Scedosporium* spp. in a ulcerative colitis patient receiving steroids

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Background: Opportunistic fungal infections are a significant health problem in immunocompromised patients. The clinical manifestations range from superficial infection to life-threatening systemic illness. Major risk factors for opportunistic fungal infections include neutropenia, hematological malignancies, prolonged steroid treatment, chemotherapy, and HIV infection. We recently experienced a case of opportunistic fungal infection in a patient receiving steroid therapy.

Case report: An 85-year-old male patient diagnosed with ulcerative colitis started receiving prednisolone. A month later, an abscess extending to deep tissue developed in his left hand. Incision and drainage with wound culture test was conducted. As a result, *Scedosporium* species were identified. Voriconazole was administered for 24 days, and surgical debridement was performed along with antifungal agent. In addition, the steroid dose was reduced as much as tolerable. With treatment, the wound improved, and inflammatory parameters were normalized. We report herein a rare case of opportunistic fungal infection with *Scedosporium* species in an ulcerative colitis patient on steroids.

Discussion: *Scedosporium* species are increasingly recognized as causes of infection such as pneumonia, disseminated infection and brain abscess in immunocompromised hosts. Typically, these infections occur after inhalation of airborne conidia, although in some cases cutaneous inoculation of the fungus occurs. Unfortunately, *Scedosporium* species are resistant to amphotericin B, echinocandins, and some azoles. Voriconazole is considered the agent of choice. Surgical debridement and reversal of immunosuppression along with antifungal agents may be associated with improved outcomes compared to antifungal monotherapy. In this case, the successful outcome is thought to be due to not only voriconazole administration, but also steroid dose reduction and surgical debridement. This case suggests that complex treatment modalities such as proper administration of antifungal agents, surgery and reduction of immunosuppressants should be considered if tissue infection by *Scedosporium* species occurs in an immunocompromised patient.

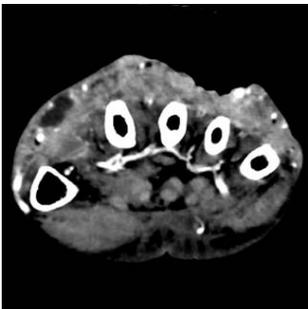


Figure 1. Soft tissue defect, cellulitis, abscess [2021-09-02]

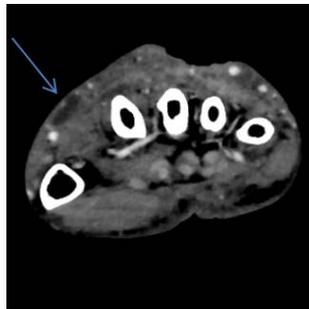


Figure 2. Slightly decreased small fluid collection [2021-09-07]

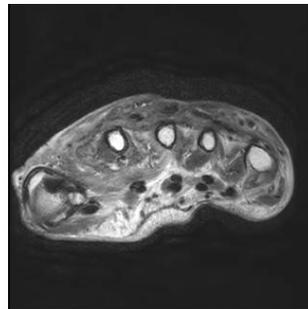


Figure 3 & 4. Improved cellulitis. No fluid collection. [2021-10-19]

