and dexamethasone eye drops. After treatment, he showed partial clinical improvement of both skin and ocular lesions. He was discharged on oral posaconazole (800 mg/day) and continued intravitreal and intracameral amphotericin B therapy. He remains under ongoing follow-up for sporotrichosis and gammopathy. Ocular adnexal manifestations of sporotrichosis are not uncommon in hyperendemic areas of zoonotic sporotrichosis in Brazil and include granulomatous conjunctivitis, dacryocystitis, Parinaud oculoglandular syndrome, and bulbar conjunctivitis. In this patient, uveitis and endophthalmitis—rare manifestations of intraocular sporotrichosis—were observed. Immunosuppression, mainly due to chronic alcoholism (which had ceased for two years without clinical improvement), and the recent diagnosis of monoclonal gammopathy may have contributed to dissemination and persistence of the infection. The patient's osteolytic lesions were attributed to disseminated sporotrichosis, complicating the overall clinical course. It is essential to recognize disseminated sporotrichosis and to screen these patients for conditions that cause immunosuppression, with special attention to early detection of uncommon extracutaneous manifestations of the disease.

Keywords: Sporotrichosis, Ocular Infection, Osteomyelitis.

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OCULAR SPOROTRICHOSIS: A CASE SERIES IN A HYPERENDEMIC REGION IN SOUTHERN BRAZIL

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Introduction: Sporotrichosis is an emerging mycosis in Brazil, caused by fungi of the genus Sporothrix, particularly Sporothrix brasiliensis, transmitted mainly through zoonotic routes, especially by domestic cats. Although the cutaneous form is the most common, ocular manifestations have been increasingly recognized in hyperendemic regions. Thus, this study aims to describe a case series of ocular sporotrichosis evaluated at a reference center in southern Brazil.

Methods: A retrospective analysis was conducted of 17 cases of ocular sporotrichosis treated between 2020 and 2025 at a hospital in the far south of the country. Fourteen adults (age ≥18 years) and three children were included, with most patients being female (71%). Patients were diagnosed based on clinical-epidemiological criteria, classified as probable sporotrichosis (n = 4), or with laboratory confirmation by fungal culture, defining proven sporotrichosis (n = 13). Clinical and epidemiological data were obtained from the hospital and/or diagnostic laboratory database.

Results: All patients presented the ocular form as the main clinical manifestation. Additionally, five patients (30%) also had the cutaneous form and another five (30%) had the lymphocutaneous form, characterized by ulcer-crusted or crusted-nodular lesions, with or without ascending adenopathy. Four patients reported polyarthralgia. Ocular manifestations included granulomatous conjunctivitis, periorbital edema, and conjunctival hyperemia in seven cases (41%), and a clinical presentation compatible with Parinaud oculoglandular syndrome in ten cases (59%), with unilateral granulomatous conjunctivitis and perimandibular lymphadenopathy. All cases had a likely zoonotic origin, with a history of contact with symptomatic cats. Treatment consisted of oral itraconazole at the standard dose of 200 mg/day, except for one patient who required dose adjustment to 400 mg/day. Therapeutic response was favorable, with no reported ocular sequelae. Treatment duration among cured patients ranged from 53 to 208 days (mean 121 days).

Conclusion: Ocular sporotrichosis should be considered in the differential diagnosis of granulomatous conjunctivitis, especially in hyperendemic areas and in individuals with a history of contact with sick cats. Early identification and appropriate treatment lead to favorable outcomes, reinforcing the need for clinical vigilance in high-endemicity regions.

Keywords: Ocular Sporotrichosis, Sporothrix brasiliensis, Granulomatous Conjunctivitis, Oculoglandular Syndrome, Parinaud Syndrome.

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DISSEMINATED HISTOPLASMOSIS DIAGNOSTIC STRATEGIES IN PEOPLE LIVING WITH HIV/AIDS IN AN ENDEMIC REGION IN NORTHEASTERN BRAZIL

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Introduction/Objectives: Disseminated histoplasmosis (DH) is the most frequent opportunistic mycosis among people living with HIV/AIDS (PLWHA) in Ceará. This study aimed to evaluate diagnostic strategies for DH in PLWHA from 2020 to 2024 in an endemic region for histoplasmosis in northeastern Brazil.

Methods: Cross-sectional study of hospitalized patients diagnosed with DH. PLWHA aged >18 years were included if they had proven DH (isolation of Histoplasma capsulatum in culture from buffy coat, bone marrow aspirate, or blood) or probable DH (positive urinary Histoplasma capsulatum antigen test —AgHc). Statistical analysis was performed using STATA 18.0.

Results: During the study period, 251 patients were hospitalized with a diagnosis of DH. The highest number of cases occurred in 2022 (n = 57) and 2023 (n = 56). Most patients were male (83.7%), with a mean age of 38 years. Mean CD4+ count was 52 cells/mm^3, and the mean HIV viral load log was 5.16. The AgHc test was performed in 54 patients and was positive in 94.4% of cases. The methodologies used for AgHc testing were enzyme-linked immunosorbent assay (ELISA) in 44.4% (n = 24/54) and lateral flow assay (LF) in 55.6% (n = 30/54). Among negative AgHc tests (n = 3), two were by LF and one by ELISA; however, these cases were confirmed by isolation of H. capsulatum in buffy coat culture. Culture and direct microscopy for the fungus in buffy coat were performed in 248 patients. Fungal isolation from buffy coat was obtained in 92.3% of cases, and direct examination was positive in 53.6%. Among patients with negative buffy coat results (n = 19), all were confirmed by bone marrow aspirate culture. Isolation from bone marrow aspirate occurred in 46% of those tested (n = 89). Fungal blood culture was performed in 15 patients and was negative in 100% of cases. Most patients had proven DH (98.8%), and only three had probable DH, as they underwent only AgHc testing, which was positive.

Conclusions: In Ceará, conventional diagnostic tests for DH remain widely used due to the scarcity of antigen testing. However, access to these tests should be universal for PLWHA with advanced HIV disease and clinical suspicion of DH, to enable early diagnosis and timely treatment.

Keywords: Histoplasmosis, Antigen Test, Buffy Coat, Disseminated Histoplasmosis.

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ATYPICAL COURSE OF SPOROTRICHOSIS IN AN IMMUNOCOMPETENT PATIENT

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Introduction: Sporotrichosis is a fungal infection caused by Sporothrix spp., typically presenting as an ulcerated lesion with nodular lymphangitis following traumatic inoculation into the skin. Previously associated with rural settings, it has become urbanized due to zoonotic transmission.

Case description: A 79-year-old patient with non–insulin-dependent diabetes sustained trauma from plant material on the sole of the foot while walking on a beach five months prior to presentation. The patient reported contact with stray animals with skin lesions but denied bites or scratches. After the event, the wound progressed to an extensive, deep ulcer with tendon exposure, involving two-thirds of the left lower limb up to above the knee level, with bleeding, and associated with subcutaneous nodules that formed new peripheral ulcers throughout the leg. During this period, the patient was hospitalized at other facilities for broad-spectrum antibiotic therapy, with worsening of the wound. Itraconazole was administered without significant improvement. The patient was admitted to a referral hospital for diagnosis and follow-up. Swab specimens were collected for fungal culture and smear evaluation for other infectious agents, and a biopsy was performed for histopathological examination. Culture showed growth of Sporothrix spp. Smear analysis demonstrated acute inflammatory disease with an absolute predominance of polymorphonuclear cells. Histopathology revealed a superficial dermal interstitial and perivascular lymphohistiocytic infiltrate with scattered neutrophils. In the deep dermis, dermal fibrosis associated with an area of granulomatous reaction was noted. Treatment with amphotericin B lipid complex was instituted for 42 days, with gradual ulcer improvement and healing of satellite lesions. After hospital discharge, the patient continues outpatient treatment with itraconazole.

Comments: This report highlights an atypical presentation of sporotrichosis as extensive subcutaneous dissemination in the affected limb, without the classic pattern of centripetal nodular lymphangitis. Microscopic analysis of the smear showed acute inflammation with predominance of polymorphonuclear cells, which explains the deep necrosis—an uncommon pathological feature. With the shift in epidemiological profile and increasing incidence of urban sporotrichosis, atypical forms have been observed, which complicates diagnosis and delays early treatment.

Keywords: Sporotrichosis, Immune Response, Sporothrix.

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EVOLUTION OF PULMONARY CT FINDINGS IN PATIENTS WITH PARACOCCIDIOIDOMYCOSIS UNDER ANTIFUNGAL THERAPY

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