LOCAL HEAT IN THE TREATMENT OF SPOROTRICHOSIS

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(with 4 figs.)

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INTRODUCTION

Since the appearance of the classic works of the French school (De Beurman & Gougerot, 1906), potassium iodide has been used in the treatment of sporotrichosis. The results obtained with this therapy are satisfactory except in those cases in which there are manifestations of iodide intolerance.

Recently, other medications have been tried with results that are inferior to those obtained with iodides.

Nystatin was tested by Mariat (1955) with no effects in vivo despite the fact that in vitro there is complete inhibition of the growth of S. schenckii when the antibiotic is used in concentrations between 20 and 25 μg/cm².

Campbell (1955) tested the action of the antibiotic, 'Nepera 1968', derived from Streptomyces sp. 1968, and obtained some prolongation of survival in treated mice without very dramatic results.

Griseofulvin has been tried by Loewenthal (1959) and by various Mexican authors (Latapi, 1960; Latapi et al., 1959; González-Ochoa, 1960). With respect to the results obtained, Mariat et al. (1962) report that in the majority of cases cure is not obtained except after many months of treatment, and that the patient is subject to recurrences. Lavalle (1960) obtained somewhat better effects by combining corticosteroids with the griseofulvin treatment.

Mice intravenously inoculated with 1.2 × 10⁶ cells of the yeast phase of S. schenckii were treated with griseofulvin and amphotericin B by Tsurbura & Schwartz (1960). The griseofulvin was ineffective in doses up to 200 mg/kg/day, but the amphotericin B decreased the mortality of the mice by about 75% when adminis-

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tered in doses of 10 mg/kg/day. In a later study (Tsubura & Schwartz, 1961) no reduction in mortality was observed in mice infected with a reduced inoculum of $2.3 \times 10^5$ cells when the animals were treated with either griseofulvin 100 mg/kg/day, amphotericin B 1 mg/kg/day, trichomycin 0.5 mg/kg/day or potassium iodide 0.62–0.8 g/kg/day.

As can be seen, iodides have not yet been surpassed by any of the compounds tested, although iodides have also failed in experimental infections in mice.

Recently, Mackinnon & Conti-Diaz (1962) observed that when rats inoculated intraperitoneally or intracardiacally with S. schenckii are maintained at an environmental temperature between 5 and 20° C, bone lesions are produced in the extremities, and that these lesions do not appear when the animals are maintained at 31° C.

In view of these observations the Uruguayan authors decided to treat by means of moist hot compresses, a patient with localized lymphatic sporotrichosis which had been previously treated 14 days with potassium iodide in doses of 5 g/day and who had shown serious signs of drug intolerance. The lesions improved under the iodide therapy but showed signs of renewed activity after the withdrawal of the drug, and cultures were positive. Treatment with warm moist compresses for 30–40 minutes, 3 times a day was initiated, and at the end of 20 days there was evidence of improvement. The treatment was terminated after 3 months; two months later there was no recurrence of the lesions.

**CASE PRESENTATION**

The case we are presenting is a patient with sporotrichosis of one of the legs showing extensive dissemination through the superficial lymphatics with some three hundred small tumor-like lesions, making it somewhat atypical. Heat treatment was used in this case with dramatic results.

V.A., a 54 year old country housewife, was seen in consultation concerning multiple cutaneous tumefactions of the left lower limb of 40 days duration, which first appeared one week after an excoriation of the left fifth toe (Figs. 1 and 2).

More than 300 tumefactions, ranging between 1 mm and 1 cm, were observed on the surface of the leg with a greater concentration on the dorsum of the left foot. The tumefactions were round or ovoid, reddish in color, and covered with tense, glistening skin. Some were ulcerated and covered with a sero-sanguineous crust. The primary site of inoculation was represented by an erythematous, exudate-encrusted lesion on the surface of the fifth toe. Three larger lesions were seen on the medial aspect of the left leg, representing the ascending lymphatic dissemination of the fungus. The highest one was at the knee level. A 2 cm nodule, slightly painful at the application of pressure, was palpable in the middle