P8347

Case report: Donovanosis/AIDS successfully treated with doxycycline, insulin, and zinc hyaluronate

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Donovanosis is a chronic, progressively genital ulcer disease that is caused by *Klebsiella granulomatis*. It is a rare sexually transmitted disease. This is small endemic but important issue because it is known to be closely associated with HIV/AIDS disease. There are very few cases reported in recently several years. We present the case of a 41-year-old female patient known as HIV infection in state of AIDS who had been diagnosed vulva cancer before was admitted to hospital with a huge vulvar ulceration and significant necrosis, loss of right labia majora and labia minora tissue, and left vulvar swelling, and simultaneously examination result found a mass in her lower abdomen. The results of ultrasound, CT scan, and MRI of abdomen and pelvis region showed a big mass in the uteral muscle, clearly limited without signs of invasion. Histopathology of the skin showing a partial epithelial ulceration. The intact epithelium had some changes, include hyperkeratosis and pseudoepitheliomatous hyperplasia. The subcutaneous tissue was infiltrated by numerous plasma cells, but very rare lymphocyte, many neutrophils. In addition, many of the epithelioid histocytes and the histocytes were vaculated and many of these vacuoles contained short rod-shaped organisms, Giemsa staining showed intracellular Donovan bodies. The patient was diagnosed with Donovanosis-uterine fibroids/AIDS and was treated with oral doxycycline combined with insulin and zinc hyaluronate twice a day, and continued to use ART. After 8 weeks, the lesion was completely healed. This is the first severe case of genital ulcer caused by Donovanosis and is concurrently diagnosed with uterine fibroids in HIV/AIDS patient. Since the lesion was assessed severity and prognosis of difficult healing, in the first time we used more insulin and zinc hyaluronate which were used widely and proved effective on the treatment of skin wounds, to care for lesion in place, combined with doxycycline which was recommended on the treatment of Donovanosis. After 8 weeks of treatment, the lesion was completely healed, we evaluated that it was rapidly improved for such a severe case of genital ulcer in HIV/AIDS patient. Therefore this new combination therapy showed great effectiveness on the treatment of Donovanosis, especially for severe lesion cases.

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P8024

Crusted scabies caused by indiscriminate use of glucocorticoid therapy

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Crusted or Norwegian scabies is an uncommon, highly contagious parasitosis of the skin caused by *Sarcoptis scabiei* var. *hominis*. It affects mainly immunossupressed patients (topical or systemic glucocorticoid therapy, AIDS, human T lymphotropic virus 1 infection, organ transplant patients). Clinically, it presents with hyperkeratotic dermatoses, acral distribution and the patients may harbor a million mites. The main complication is the secondary infection. A 4-month-old baby boy, previously healthy, was admitted with a report of a progressive seborrheic dermatitis despite treatment. The patient was treated with high potency topical and systemic corticosteroids continuously in the last 2 months. On examination, the patient presented with erythematous papules and crusted lesions disseminated over the body, affecting mainly the trunk and scalp, nail dystrophy and fissures in the abdomen, also presented moon facies, edema, and systemic signs of septicemia. Dermoscopy identified numerous mites represented by triangular structures with following burrow. Skin biopsy was taken from the abdomen, laboratory tests were ordered, and the child was conducted to hospital treatment. Histologic examination revealed a burrow with the scabies mite in the papillary dermis. Laboratory tests revealed leukocytosis, thrombocytopenia, and an increase of inflammatory markers. Therefore, systemic antibiotic therapy, topical permethrin lotion 1% once a day were initiated. Relatives were treated with oral ivermectin. On the tenth day of hospitalization, the patient developed septic shock and despite the treatment the patient evolved with cardiac arrest and death. We described a dramatic case of Norwegian scabies. The diagnosis of scabies is often missed initially by nonspecialist doctors because of the variable presentation. The child was not certainly treated and the abusive use of glucocorticoids precipitated crusted scabies and the main complication, secondary infection and sepsis. The evolution was unfavorable and the child died despite effort attending physicians.

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P7870

Cutaneous botryomycosis in a patient with advanced Fanconi anemia

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We report a case of a 22-year-old female from Ghana who presented with a 1-month history of painful lower extremity ulcerations. Her medical history was significant for Fanconi anemia. She had a bilineage cytopenia with lymphopenia present for the past 2 years. She denied ulcerations or other skin problems before immigration. She had no fevers and otherwise only complained of fatigue. The ulcerations appeared as agminated yellow edematous punched out ulcerations interspersed with fine white granules that later became crusted. Aside from anemia, leukopenia with neutropenia and decreased absolute lymphocyte count, all laboratory assessments and cultures were negative. Punch biopsies showed a perivascular and interstitial dermatitis, extensive necrosis, and inflamed granulation tissue. Initial fungal, acid-fast bacillus, and spirochete stains and tissue cultures were negative. She underwent a debridement, and cultures returned positive for methicillin-sensitive *Staphylococcus aureus* and *Peptostreptococcus magnus*. The clinical picture of the patient, characteristic bacteria isolated, location of involvement, immunocompromised status, and supportive histopathology led us to the diagnosis of botryomycosis. After diagnosis, she showed significant improvement with appropriate antimicrobial therapy. Our case portrays the key aspects of a patient with this rare diagnosis, an infection that typically afflicts those with a cell-mediated immunodeficiency. Botryomycosis characteristically occurs on the lower extremity, and common pathogens are *S aureus* and anaerobes, such as Peptostreptococcus. Skin manifestations of botryomycosis include nodules, fistulae, and ulcers with yellow to white 1-3 mm grains and purulent exudate. Histopathology is usually a nonspecific inflammatory infiltrate, but the Splendore—Hoeppli phenomenon is the most diagnostic finding if present. As in our patient, treatment of botryomycosis often requires debridement and long-term antibiotic therapy for complete resolution.

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P7550

Cutaneous leishmaniasis in the United States: A case and review

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Leishmaniasis is a protozoan infectious disease caused by organisms of the genus Leishmania. The disease causes a wide variety of clinical manifestations, depending both on the infective species and the immune status of the host. In the United States, infection occurs most often in travelers, but several cases have been reported in patients from Texas without significant travel history. Here, we present the case of a pediatric patient from Oklahoma diagnosed with cutaneous leishmaniasis despite having a travel history significant only for travel to Corpus Christi, TX. The patient's case was locally persistent and recurrent over the course of 1 year, despite treatment with liquid nitrogen cryotherapy. Because of the concern over side effects with systemic treatments, treatment with topical ketoconazole cream was attempted. The patient was treated with topical ketoconazole cream for 3 months. Six months later, the lesion showed no sign of recurrence. This poster will also review cutaneous leishmaniasis, including its presentation, histopathology, differential diagnosis, and treatment.

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