Care plan for user affected by lymphocutaneous sporotrichosis with periungual inoculation: case report

Plano de cuidado para usuária acometida por sporotricose linfocutânea com inoculação periungueal: relato de caso

DOI:10.34119/bjhrv4n6-126

Recebimento dos originais: 17/10/2021
Aceitação para publicação: 17/11/2021

Maria Eduarda Rodrigues Castelliano
Médica e Especialista em Medicina de Família e Comunidade pela Faculdade de Medicina Nova Esperança. João Pessoa-PB. Atualmente fellow em Dermatologia Clínica no Hospital Heliopolis e fellow em Cosmiatria na Human Clinic.
E-mail:edulastraub@hotmail.com

Yana Balduíno de Araújo
Professor Adjunto da Residência em Medicina de Família e Comunidade, da Faculdade de Medicina Nova Esperança- João Pessoa-PB.
E-mail: yana.araujo@famene.com.br

Márcia Mayara Dias de Queiroga Fernandes
Mestranda do Programa de Pós Graduação em Sanidade Animal e Saúde Pública nos Trópicos, Universidade Federal do Tocantins- Araguaína-TO.
E-mail: marciafontaine@hotmail.com

Geocivan Silvestre Fernandes
Mestrando do Programa de Pós Graduação em Sanidade Animal e Saúde Pública nos Trópicos, Universidade Federal do Tocantins- Araguaína-TO.
E-mail: geocivan.fernandes@ebserh.gov.br

ABSTRACT
This is an experience report-type study, through frequent consultations to monitor the clinical evolution of the case of periungual sporotrichosis of the M.C.L.C. The patient was admitted to the service at the Emergency Care Unit (ECU) of Valentina, with an injury caused by fingernail pliers on her right hand. It is a case that has an unusual transmission object and atypical inoculation and lesion development site, in which the professionals involved were discussed about diagnostic difficulties, repercussions given by late treatment and its direct interference in social, economic and emotional issues.

Keywords: Primary care. Family and Community Medicine. Nail diseases.

RESUMO
Este é um estudo do tipo reportagem de experiência, através de consultas frequentes para monitorizar a evolução clínica do caso de esporotricose periungueal do M.C.L.C. A paciente foi admitida no serviço da Unidade de Cuidados de Urgência (ECU) da Valentina, com uma lesão causada por um alicate de unhas na mão direita. É um caso que tem um objeto de transmissão invulgar e um local atípico de inoculação e desenvolvimento de lesões, em que os profissionais envolvidos foram discutidos sobre
INTRODUCTION

Sporotrichosis, a fungal skin disease most commonly transmitted by felines, is in an emerging state in the country, considered a public health problem and is often still neglected by health services and professionals. In Paraíba, the number of cases has been increasing since 2018, and public health authorities are already treating the cases as an epidemic. Currently, the grievance is mandatory notification pursuant to Ordinance No. 264/2020.

Sporotrichosis, formerly known as “gardeners’ disease”, is a subacute or chronic mycosis that affects the subcutaneous layer of the skin, being caused by the saprophytic dimorphic fungus Sporothrix schenckii. The infection occurs mainly by traumatic inoculation of the skin or mucosa through organic matter in the soil contaminated by the fungus, and it can also be transmitted by scratching or biting sick animals, with domestic felines being more frequently associated with transmission. It is characterized by 3 clinical forms: lymphocutaneous, which is the most common, fixed, or localized cutaneous and disseminated cutaneous. The diagnosis must be made through the clinical picture and laboratory confirmation.

Primary care is an integral part of the primary level of health care, which defends the implementation of the concept of holistic and personalized care through the adoption of practices that supplant basic care, with the aim of promoting user and his/her family, as well as impacting the quality of life.

The family and community physician (FCP) in primary care, such as family health units, must use the tools that contribute to the realization of comprehensive care, thus the doctor-patient relationship must include clarification of treatment expectations, of time therapeutic and possible side effects of medications so that the user can be a co-participant in their care process.

The care provided to a user affected by sporotrichosis in primary care can be challenging and requires, above all, the articulation of the resources available in the service network, as well as the involvement of the family and community of which he is
a member, and although there are no reports in the available literature about other forms of contagion, this study deals with an unusual case of Sporothrix in which a lesion with infected fomite occurred in the periungual region and a purulent evolution with phlogistic signs of the tissue. In this sense, this study aimed to describe a case report about a care plan developed in primary care for a user affected by lymphocutaneous sporotrichosis with periungual inoculation.

2 CASE REPORT

M.C.L.C., female, 61 years old, from home, lives with her only daughter, was born in João Pessoa (PB), sought emergency care after perforating and cutting trauma of the nail tissue in the 3rd right finger with nail pliers, presenting pain, edema and local bleeding, with Ceftriaxone and Clindamycin being prescribed for 7 days. After this period, she sought medical care at the health unit in her neighborhood for another consultation due to the persistence of the condition and worsening of the pain, which made it impossible for her to help her daughter and perform her daily household activities. She reports her last contact with a domestic cat 15 years ago. She denies contact with other animals or land manipulation in recent days. She reports allergy to Benzetacil. Known to be hypertensive, in continuous use of Losartan 50mg/day, Simvastatin 20mg/day, Rivotril 2mg/day. On physical examination, she presented a vegetating ulcerated lesion, accompanied by throbbing pain, edema, local erythema, violaceous crust and pustular blister in the periungual region of the third finger.

The patient was oriented about the hygiene care of the lesion and medicated with Ciprofloxacin 750mg, Doxycycline 100mg, Betathirta IM and local analgesia for 10 days. She used Rifocin and kept an occlusive dressing in place. She sought care after 7 days of treatment, presenting anxiety, emotional lability and sadness due to therapeutic failure, financial expenses and excessive concern for not being able to help her daughter with her daily chores, still evolving with gastric discomfort due to the use of medications and clinical worsening of the extremity, with exulceration of the entire periungual tissue, intense throbbing pain, softening of the nail and onycholysis. She also presented a mild, single swelling on the dorsum of the ipsilateral hand, with a normochromic color, painless on palpation.

The hypotheses of sporotrichosis and granulomatous pyoderma were raised, being advised to suspend the previously prescribed medications. Omeprazole 40mg/day was prescribed for dyspeptic symptoms, referrals were made to a psychologist and
dermatologist, a biopsy of the lesion was requested with research for fungi, and an active search for her daughter for clarification and expectations of clinical treatment. After performing the procedure, there was a progression of the swelling, appearing nodular, erythematous, slightly painful papules. The next day, she reported the appearance of a nodule with the same characteristics on the anterior face of her right forearm.

The test result confirmed the presence of Sporothrix schenckii complex, and oral therapy with Itraconazol 200mg/day was started and administration with citrus fruit juice was recommended in fasting for better absorption. He presented a good clinical response after two weeks of treatment, with regression of nodules and ulcer healing. However, it evolved with erythematous/violet papules that did not disappear with digital pressure on the lower limbs and diffuse pruritus, an adverse effect of the medication, when it needed to be changed.

The antifungal agent was discontinued and 10mL of Potassium Iodide for 8/8h was prescribed, with improvement of the lower limb lesions and remission of the lymphatic cord, evolving with periungual hyperkeratotic lesion. However, after using the medication, she presented changes in her thyroid hormone levels and was referred to an endocrinologist for follow-up. This is one of the options for antifungal treatment of cutaneous or lymphocutaneous sporotrichosis, and thyroid function should always be evaluated before treatment. A 30% urea-based cream, 2% ketoconazole in solid vaseline was prescribed for keratosis and new laboratory tests were requested for control. The patient was followed up with iodide for 30 days and was instructed to return for clinical and laboratory reassessment, with complete remission of the condition after this period. For skin repair and end of treatment, Cicaplast cream was prescribed.

3 DISCUSSION

Due to the atypical history of transmission and the location where the fungus was inoculated, there was a delay in diagnosis and behaviors that worsened the condition, which affected the socioeconomic issue of the family, leading to psychological disorders. In view of the complications and adverse drug effects, it was necessary to support a multidisciplinary team, also assisting the patient's daughter, offering tests and medications at no cost to the user in order to support her in all aspects, in addition to assistance outside the basic health unit's opening hours through online consultations for continuous assessment. Due to the initial diagnostic difficulty due to the location of the lesion and atypical source of contagion, there was a worsening of the condition,
therapeutic extension, emotional exhaustion and more financial losses. The entire clinical follow-up lasted 9 months, through home visits, online and outpatient consultations and discussion with a multidisciplinary team and students from the Nova Esperança Medical School to study the case.

Among the different cases described in the literature, the patient in question had atypical evolution, as there was no contact with animals, gardening material or history of immunosuppression. The case described here deals with sporotrichosis with exulceration of the nailfold tissue and evolution with dissemination of subcutaneous nodules in the upper limbs after two weeks, accompanied by moderate pain. In addition, hyperchromic papules appeared on the dorsum of both feet as a side effect of the medication in use, which, after the high cost of the prescribed medication, had to be suspended and replaced by another substance effective in the treatment, but which could lead to thyroid disorders. Given the pathological effects in the physical and mental spheres, which brought the disease, late diagnosis and drug change due to adverse reactions, the condition brought negative impacts to the life of the user and the family as a whole.

Knowledge about sporotrichosis is extremely important, since the incidence rate has increased significantly throughout the state of Paraíba and for having a clinic unknown by users, in which they often try individual treatment, which can lead to disease progression, making it difficult in many ways, its control. The assertiveness in the conduct on the part of the MFC professional is essential so that there are no complications for other systems. Currently, public health is facing the challenge of controlling the disease, due to the number of cats and rodents in the streets. Therefore, the recognition of lesions, even in the face of unusual contagion, and the monitoring of clinical evolution are essential for therapeutic success.
REFERENCES


