RESUMO SIMPLES - OUTRAS ÁREAS TEMÁTICAS

SPOROTRICHOSIS IN A DOG ASSOCIATED WITH A PROBABLE LESION FROM INJECTABLE MEDICATION ADMINISTRATION: CASE REPORT

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Sporotrichosis is a zoonotic mycosis caused by fungi belonging to the Sporothrix schenckii complex. While it is well documented in cats, infection in dogs is less common and usually presents as nodular, crusted and ulcerative cutaneous lesions. Disseminated forms involving the viscera and bones have also been reported. Transmission mainly occurs through bites, scratches, or contact with secretions from infected animals. Transmission through exposure to contaminated fomites and direct inoculation into the skin, especially in pre-existing wounds, is also possible, although this is infrequently reported.

Diagnosis is based on cytopathological examination of the lesions, with fungal culture and histopathology used when necessary to confirm the diagnosis. Treatment involves systemic antifungals; itraconazole is generally the drug of choice, administered at a dose of 10 mg/kg/day for at least 90 days. Treatment should be extended for an additional four weeks after clinical cure to prevent lesion recurrence. The prognosis is generally good, although it tends to worsen when extracutaneous involvement occurs. In cats, the disease is usually severe. This report describes a case of sporotrichosis in a dog associated with a probable medication injection site lesion. An 11-year-old female dachshund was presented to the Veterinary Hospital of the Federal Rural University of Rio de Janeiro (UFRRJ) with nasal discharge, sneezing, coughing and cyanosis, which were attributed to stress. The owner reported that, two years previously, the animal had been bitten on the thorax during a fight with another dog, resulting in a subcutaneous injection at an external veterinary practice. Ten days after the injection, an abscess formed at the site and antibiotic treatment was initiated, resulting in initial clinical improvement. However, the lesion failed to fully heal and presented recurrent episodes and ulcers. On physical examination, a grade III mitral heart murmur was detected, along with crusted, itchy lesions on the back, with scar tissue extending towards the belly. Cytopathological examination of the lesions revealed a pyogranulomatous inflammatory response. Although the causative agent associated with this inflammatory pattern could not be identified at that time, fungal infections are known to be a possible cause. Swabs were taken from the lesions for bacterial and fungal cultures. The bacterial culture demonstrated growth of Staphylococcus aureus, while the fungal culture revealed growth of fungi of the Sporothrix schenckii complex. Treatment with 60 mg of Sporanox orally once daily for 60 days resulted in a good clinical response. During follow-up evaluations, abdominal ultrasonography revealed a liver with more hypoechoic and homogeneous parenchyma. Along with increased serum liver markers (alanine aminotransferase, aspartate aminotransferase and alkaline phosphatase), these findings indicated the need to prescribe S-adenosyl-L-methionine (SAMe) at 20 mg/kg orally once daily for 30 days. Thus, this case highlights the importance of considering fungal infections in chronic cutaneous lesions associated with pyogranulomatous inflammation. Treatment with itraconazole resulted in clinical improvement. Although a fungal culture performed using a swab (a non-invasive method) was essential for confirming the diagnosis in this case, tissue biopsy or culture may sometimes be necessary in dogs due to the low fungal load in lesions. While it is not possible

to establish a direct causal relationship between the injection and the onset of the disease, the temporal association, lesion location and clinical course suggest that the procedure may have served as a portal of entry for fungi of the Sporothrix schenckii complex.

Palavras-chave: sporothrix schenckii complex; canine mycosis; itraconazole therapy.