Chromoblastomycosis in a Solomon Islander

To the Editor: I read with great interest the recent article by Knox and Marshall.[1] Chromoblastomycosis may result in a number of rare systemic complications that may be associated with significant morbidity.

For instance, chromoblastomycosis may affect the cornea. This usually follows cataract surgery. *Cladophialophora carrionii* is the aetiological agent involved in corneal chromoblastomycosis.[2] Keratitis occurs, resulting in ocular pain and decreased visual acuity. Topical and systemic antifungal therapy may be successful in treating the condition, but usually surgical procedures such as penetrating keratoplasty are required.

Rarely, malignancies such as squamous cell carcinomas may develop in the affected area. This is more common in the extremities and in men over the age of 60 years. Rarely, amputation may be required in this scenario. This complication usually affects patients with a 20–30-year history of chronic untreated or undertreated chromoblastomycosis.[3]

Chromoblastomycosis may also affect the genitalia, resulting in genital elephantiasis. Chromoblastomycosis may rarely affect the skeletal system, resulting in osteomyelitis.[4] Septic arthritis has also been reported. Treatment requires arthrotomy and debridement followed by antimycotic therapy.

Chromoblastomycosis may also affect the central nervous system. For instance, mycotic granulomas in the medullary region of the brain have been reported.[5] This is usually seen in intravenous drug users and may be fatal.

These examples clearly illustrate the necessity of identifying and treating chromblastomycosis in a timely manner.

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