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Disseminated cutaneous rhinosporidiosis

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A 50-year-old male presented with multiple asymptomatic swellings on the pinna of both ears of 5 months duration and a large swelling on the left palm of 2 months duration. He had the habit of bathing in a temple pond in his neighborhood. On examination, there was a "flower-like" erythematous plaque of size 10 × 11 cm showing cerebriform surface and hemorrhagic crusting on the palmar aspect of the left index, middle, and ring fingers. At its base, the plaque was attached to the lateral border of the left ring finger [Figure 1a]. There were multiple, soft, sessile, and pedunculated nodules of varying sizes showing polypoidal surface and hemorrhage involving the upper and lateral aspects of the helix and lobule of both ears [Figure 1b]. There were no mucosal lesions. There were no features of immunosuppression. Biopsy revealed multiple thick walled sporangia of varying sizes with endospores in the dermis [Figure 1c]. The patient was diagnosed to have disseminated cutaneous rhinosporidiosis and the lesions were surgically excised.

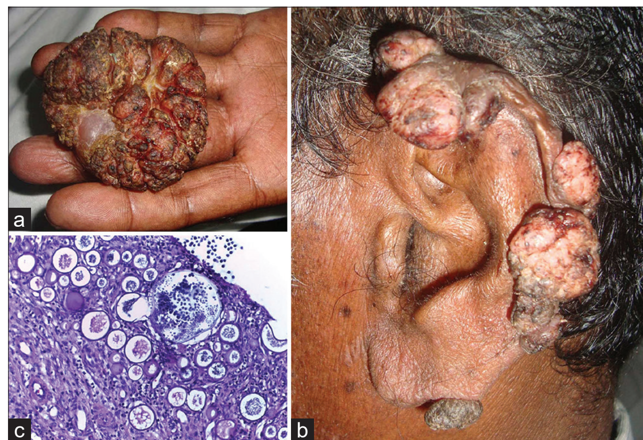

Figure 1: (a) "Flower-like" plaque with cerebriform surface and hemorrhagic crusting on the left palm of a patient with cutaneous rhinosporidiosis. (b) Multiple sessile and pedunculated nodules with polypoidal surface involving the upper and lateral aspects of the helix and lobule of the left ear. (c) Multiple thick-walled sporangia of varying sizes with endospores in the dermis (H&E, ×200).

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Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

Dr. Anza Khader and Dr. Betsy Ambooken are on the editorial board of the Journal.

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