

Parinaud oculoglandular syndrome secondary to sporotrichosis

Síndrome oculoglandular de Parinaud secundária a esporotricose

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Parinaud oculoglandular syndrome is a rare condition characterized by the presence of granulomatous conjunctivitis associated with ipsilateral lymphadenopathy¹, the most frequent cause of which is *Bartonella henselae* infection. However, other etiologies such as herpes, blastomycosis, tuberculosis, syphilis, and, less frequently, sporotrichosis, are also described^{1,2}. Sporotrichosis is a subacute to chronic mycosis¹ caused by contact with contaminated soil or sick animals and inhalation of spores². We report a case of this syndrome secondary to infection by the fungus *Sporothrix*

schenckii, which characteristically manifests with subcutaneous nodules along the path of the lymphatic vessels. Ocular involvement occurs in different ways, from dacryocystitis and conjunctivitis to severe cases of choroiditis and endophthalmitis^{3,4}. A 10-year-old male patient from Rio de Janeiro sought care complaining of red eye and presenting eyelid lesions with onset 3 days earlier. Ectoscopy showed multiple round lesions on the eyelids of the right eye, associated with submandibular and ipsilateral cervical lymph node enlargement (Figure 1). Visual acuity was 20/20 in

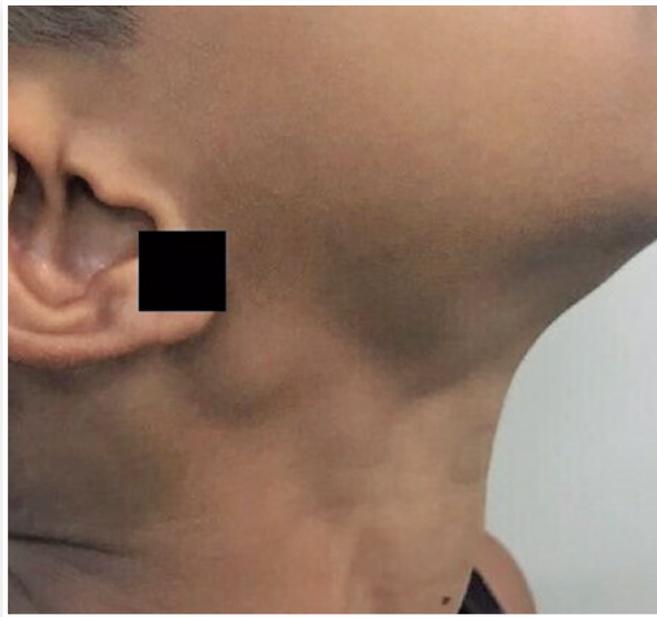


Figure 1. Submandibular and cervical lymph node enlargement on the right.

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both eyes. He presented conjunctival hyperemia and granulomatous follicular reaction in the inferior tarsal conjunctiva of the right eye (Figures 2 and 3). The examination of the left eye by tonometry and fundoscopy showed no alterations. Complementary tests were requested for further investigation, including serology for syphilis and HIV, chest X-ray, and tuberculin test. In addition, conjunctival material was collected and sent for culture. *Sporothrix sp.* growth was obtained in Sabouraud agar and Mycosel agar, thus confirming the diagnostic suspicion of sporotri-

chosis. Moreover, the patient reported contact with cats, which were later also diagnosed and treated for the disease. Itraconazole was the therapy of choice, at a dose of 100mg twice a day, for a period of 90 days, and the condition resolved in the 1st month of treatment. The state of Rio de Janeiro is experiencing an epidemic of the disease, where it is no longer infrequent. Early diagnosis and correct treatment by an ophthalmologist are of utmost importance to avoid loss of visual function.



Figure 2. Lesions on the eyelid of the right eye.

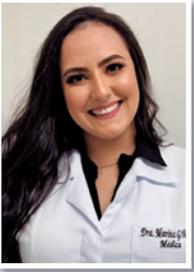


Figure 3. Granulomatous follicular reaction in the inferior tarsal conjunctiva of the right eye.

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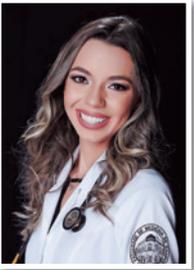
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