

time.

## Systemic Mycotic (Fungal) Infections

Mycotic (systemic or deep fungal) infections have the capacity to invade the viscera, as well as the skin. The most common infections are the lung diseases, which are usually acquired by inhalation of fungal spores. These fungi produce a variable spectrum of disease, and some are common in certain geographic areas. They are not transmitted from person to person but appear to reside in the soil, from which their spores are airborne. The cutaneous lesions caused by deep fungal infections are granulomatous and appear as ulcers, plaques, nodules, fungating masses, and abscesses. The course of deep fungal diseases is chronic with slow progression that favors sensitization ([Table 6-6](#)).

**TABLE 6-6**  
**Systemic Mycoses**

Disorder and Organism	Skin Manifestations	Systemic Manifestations	Treatment	Comments
North American blastomycosis: <i>Blastomyces dermatitidis</i>	Chronic granulomatous lesions and microabscesses on any part of body Initial lesion is a papule; undergoes ulceration and peripheral spread	Pulmonary symptoms, such as cough, fever, chest pain, weakness, and weight loss; rarely develop ARDS Possible skeletal involvement, with bone destruction and formation of cutaneous abscesses	IV amphotericin B Oral fluconazole or itraconazole for mild or moderate cases after amphotericin B ( <a href="#">American Academy of Pediatrics, 2015</a> )	Usual portal lungs Source of infection unknown Noninfectious Pulmonary infection may be mild self-limiting or require no treatment Progressive disease often fatal
Cryptococcosis: <i>Cryptococcus neoformans</i> ( <i>Torula histolytica</i> )	Usually on face; acneiform, firm, nodular, painless eruption	CNS manifestations: Headache, dizziness, stiff neck, and signs of increased intracranial pressure Low-grade fever, mild cough, lung infiltration	IV amphotericin B; may be administered intrathecally for CNS involvement Oral flucytosine then fluconazole for meningitis Excision and	Acquired by inhalation of contaminated (bird feces) Endemic in Mississippi River valley Increased incidence in persons with T-lymphocyte-mediated immunodeficiency (HIV, leukemia, systemic lupus erythematosus, AIDS, or organ transplantation)