

# DIAGNOSTIC ERRORS IN MYCOSES: OUTCOME, CAUSES, CONCLUSIONS

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Five cases of mycosis and one of nocardiosis initially misdiagnosed and treated without results are presented: 1. Latent histoplasmosis with

pregnancy-associated cutaneous reactivations diagnosed as staphylococcoses. During the attack occasioned by the third pregnancy, intracellular yeasts, round or oval, occasionally budding, with clear halo as capsule-like were seen in the pus aspirated by cutaneous gome puncture. Cultures have isolated Histoplasma capsulatum. 2. Perineal coccidioidomycosis, diagnosed and treated for many months as hidrosadenitis. In the pus aspirated from a new collection, occurred among multiple fistulas and drainage incisions, spherules 20-50  $\mu\text{m}$  in diameter, in different stages of maturation, from those showing homogenous central material to those with many spores were seen. Cultures isolated Coccidioides immitis. 3. Lymphadenitis diagnosed and treated as staphylococcia. At the second intervention, in the exeresis specimen macrophages, foreign body giant cells and numerous brown, thick, branched, septate hyphae were seen. Cladosporium cladosporioides was isolated in pure culture. 4,5. Postgonococcal urethritis and corneal ulcer with keratitis treated as bacterial infections. In both cases yeasts with a huge capsule were found in the pathological specimens. In culture Cryptococcus neoformans was prevalently isolated. 6. Cervical adenitis, treated for 6 months as tuberculosis. The examination of the pus from fistulas shows numerous elongated, thin, moniliform, branched in loose pseudomycelia, gram-positive and weakly acid-resistant filaments; negative bacilloscopy. Culture has isolated Nocardia asteroides. The unwanted outcome of these misdiagnoses were: repeated abortions, cures with sequels, repeated surgeries. Thus, in Romania systemic mycoses are not rare, but expertise in mycologic diagnosis is still an open problem.