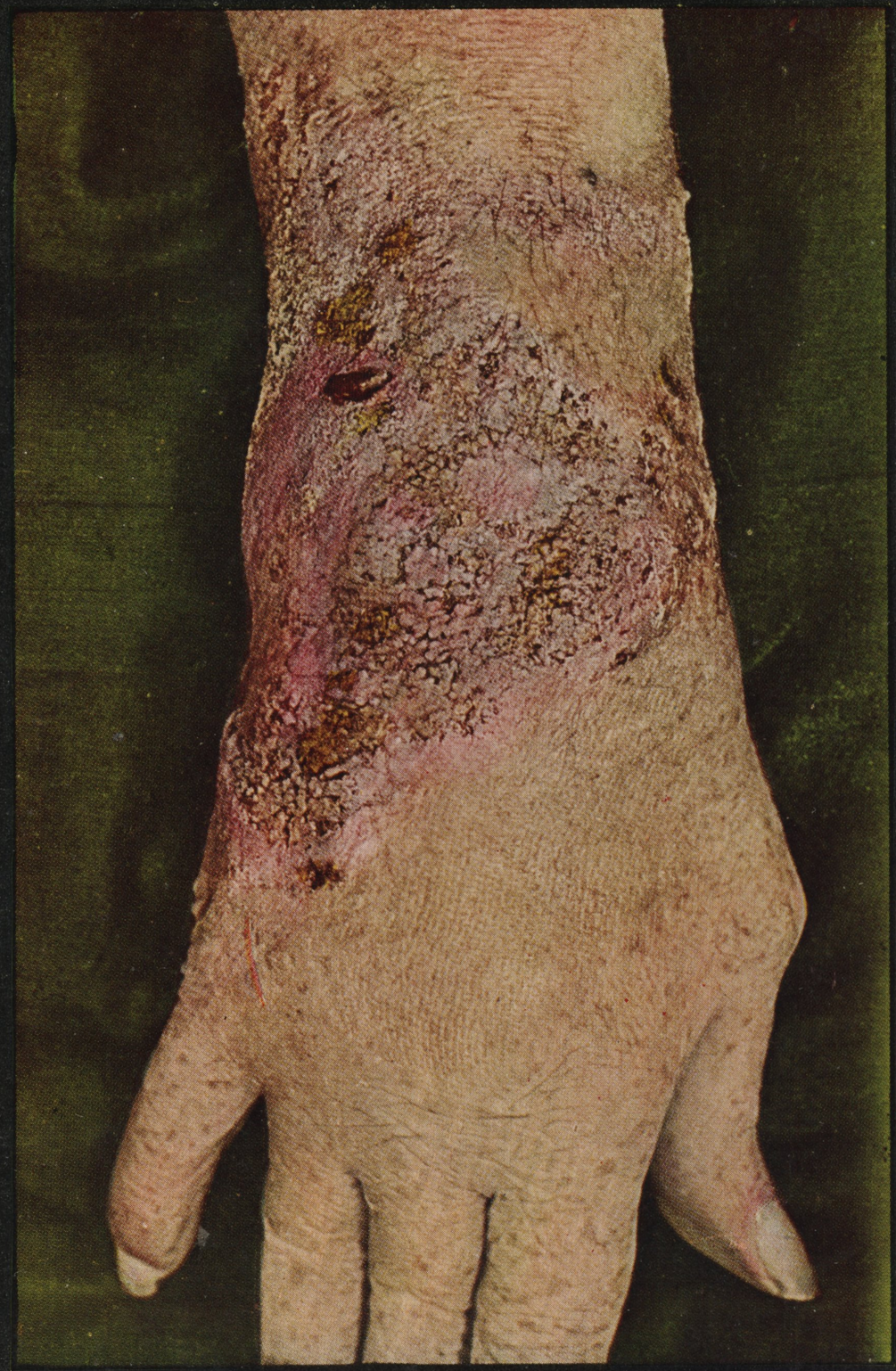

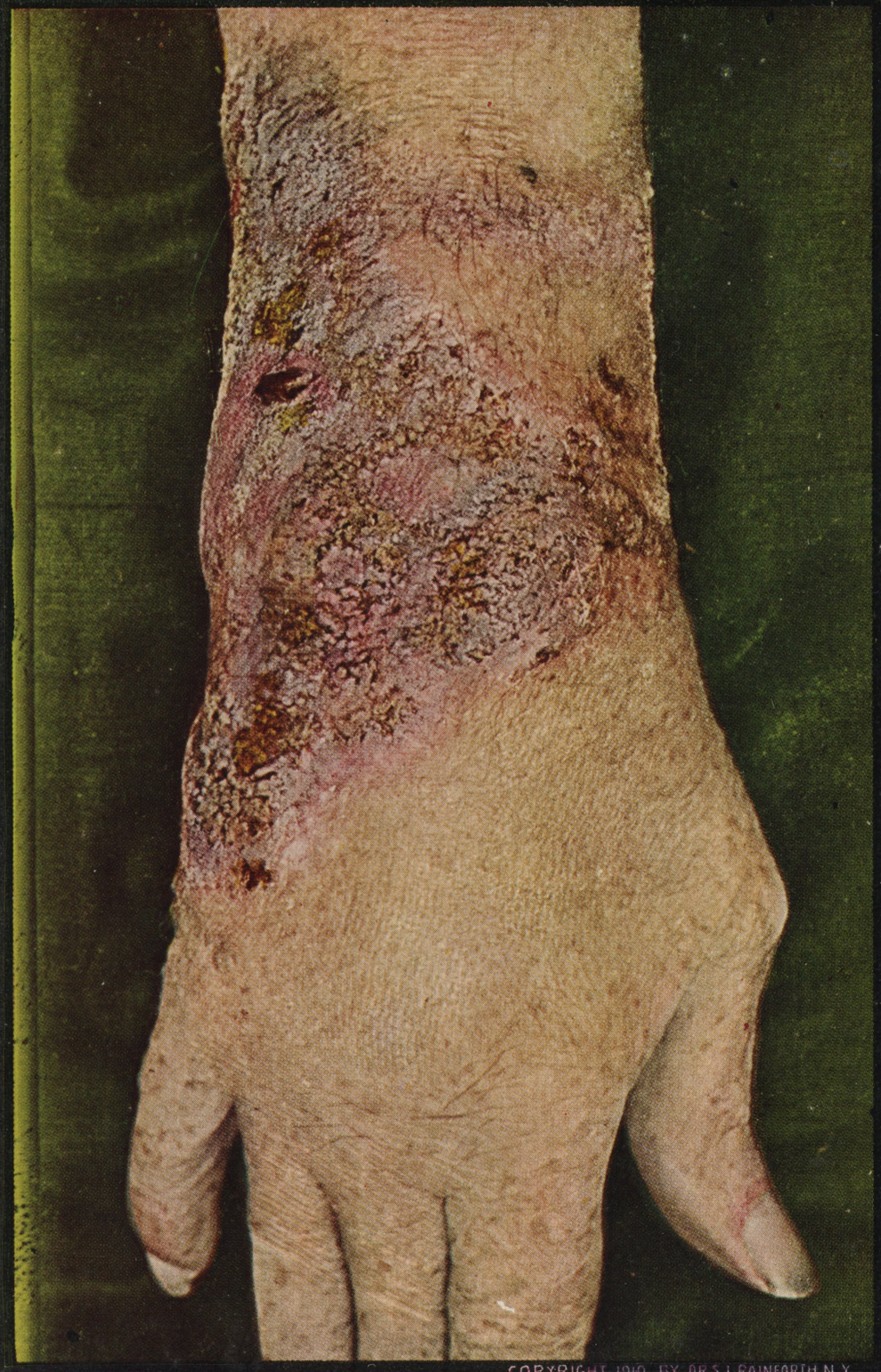

DERMATITIS BLASTOMYCOTICA

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Synonyms: Blastomycosis; Saccharomycosis hominis; Blastomycetic dermatitis.

The lesions begin as pimple or boil-like papules, which spread peripherally and coalesce to form dusky-red patches. These are slightly elevated and fairly sharply circumscribed. Their surface soon becomes verrucous. In the small patches and at the edges of the larger ones the papillae are small, firm and dry, but in the older lesions pus exudes or can be expressed from the fissures between the papilliform projections and the latter become moist, soft, swollen and vascular and are sometimes covered by crusts composed of dried excretion. At the border of a spreading plaque, pin-point to pin-head sized abscesses are to be made out in whose muco-purulent contents the blastomycetes are most easily found. The larger lesions sometimes heal at the center, by desiccation, absorption, crusting and the formation of a scar at first thick, pink, and elevated, but later becoming smooth and inconspicuous. Minute abscesses may persist in the cicatrix and recrudescences start from these. The exposed portions of the body, hands, forearms, face and neck are the regions most apt to be involved. New lesions may start elsewhere during the course of the disease, probably as autoinfections from the original patch. Most of the plaques are round, oval or oblong and the older ones may attain a diameter of several inches. The progress of the disease is slow and irregular. Coin-sized patches are usually of several months' duration. Periods of sluggish growth may alternate with stages of greater activity and so the disease persist and spread for years. Unless a secondary pyogenic infection supervenes the lesions as a rule are not painful and only slightly tender. Three-fourths of the cases occur in men and most about middle age. Many of the patients die from a systemic blastomycosis.

DIAGNOSIS: Clinically the disease bears a very close resemblance to *tuberculosis verrucosa cutis.* The simplest method of differentiating blastomycosis is to examine microscopically the pus obtained from the minute border abscesses, or a teased fragment of the tissue. The material should be allowed to disintegrate for fifteen minutes or longer in a drop of thirty per cent solution of potassium hydroxid and examined under a cover glass. The yeast cells resist the action of the caustic and are to be seen in the débris as doubly contoured, refractive, budding organisms, one to three times the diameter of a red blood corpuscle. **TREATMENT:** Small lesions may be excised. When excision is not feasible the best results are to be expected from the administration of potassium iodid in large doses, one-half to one ounce a day, combined when necessary with local exposures to the X-rays. A good number of cases have been cured by this method.