



ELSEVIER

Contents lists available at ScienceDirect

International Journal of Infectious Diseases

journal homepage: www.elsevier.com/locate/ijid

Medical Imagery

Disseminated *Talaromyces marneffe* infection mimicking laryngitis tuberculosis

Mianluan Pan, Jianquan Zhang*

Department of Respiratory and Critical Care Medicine, The Eighth Affiliated Hospital of Sun Yat-Sen University, Shenzhen, Guangdong 518033, China

ARTICLE INFO

Article history:

Received 2 March 2022

Revised 20 April 2022

Accepted 21 April 2022

Keywords:

Talaromyces marneffe

kidney transplantation

oro-pharyngeal-larynx

A 54-year-old man with diabetic nephropathy underwent kidney transplantation five years ago. He was receiving tacrolimus and mycophenolate mofetil and presented with a two-week history of sore throat and odynophagia. He had elevated leukocyte count, C-reactive protein level, and erythrocyte sedimentation rate; low B lymphocyte percentage; and anemia and hypoproteinemia. Magnetic resonance imaging showed thickened left vocal cords (Figure 1). Indirect laryngoscopy revealed new gray-white organisms on the left arytenoid cartilage side and ulcers of varied sizes in the oropharynx and laryngopharynx (Figure B). Initially, he was diagnosed with *Mycobacterium tuberculosis* laryngitis. However, histopathologic evaluation of the larynx tissue biopsy, next-generation bronchoalveolar lavage fluid sequencing, and cultures of the sputum and bronchoalveolar lavage fluid revealed *Talaromyces marneffe* (Figure C). He received antifungal therapy of intravenous voriconazole (200 mg, twice a day, 7 days), followed by oral voriconazole administration. His symptoms entirely resolved without complications. We monitored the plasma tacrolimus and voriconazole concentrations during the adjusting medication course. No talaromycosis relapse was observed in the 6-month follow-up period.

Post-transplant immunomodulatory use is a risk factor of multiple opportunistic infections. Kidney transplantation talaromycosis, presenting with ulcers of the oropharynx and laryngopharynx and thickened vocal cords was first reported (Qiu et al., 2017; Wang et al., 2017; Wongkamhla et al., 2019).

* Corresponding author: Jianquan Zhang, Department of Respiratory and Critical Care Medicine, The Eighth Affiliated Hospital of Sun Yat-Sen University, Shenzhen, Guangdong 518033, China, Tel: +86 139 7812 3845; Fax: +86 0755 83982222

E-mail address: jqzhang2002@126.com (J. Zhang).

<https://doi.org/10.1016/j.ijid.2022.04.051>

1201-9712/© 2022 The Authors. Published by Elsevier Ltd on behalf of International Society for Infectious Diseases. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)

Conflicts of interest

The authors have no competing interests to declare.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Ethical approval statement

This study was approved by The Eighth Affiliated Hospital of Sun Yat-Sen University Ethics Committee. Written informed consent, permissions, and releases were obtained from the patient for publication of this article and for any patient details, information, and images. The written consents are available for review by the editor.

References

- Qiu Y, Tang Y, Zhang J, Yi X, Zhong X, Liu G, et al. A retrospective analysis of seven patients with acquired immunodeficiency syndrome and pharyngeal and/or laryngeal *Talaromyces marneffe* infection. *Clin Otolaryngol* 2017;42:1061–6.
- Wang YG, Lin X, Zhi-Chun Li, Li LW, Cheng JM. Treatment of pharynx and larynx *Penicillium marneffe* infection complicated with *Pneumocystis carinii* pneumonia: a case report and literature review. *Chin J Zoonoses* 2017.
- Wongkamhla T, Chongtrakool P, Jitmuang A. A case report of *Talaromyces marneffe* oro-pharyngo-laryngitis: a rare manifestation of Talaromycosis. *BMC Infect Dis* 2019;19:1034.

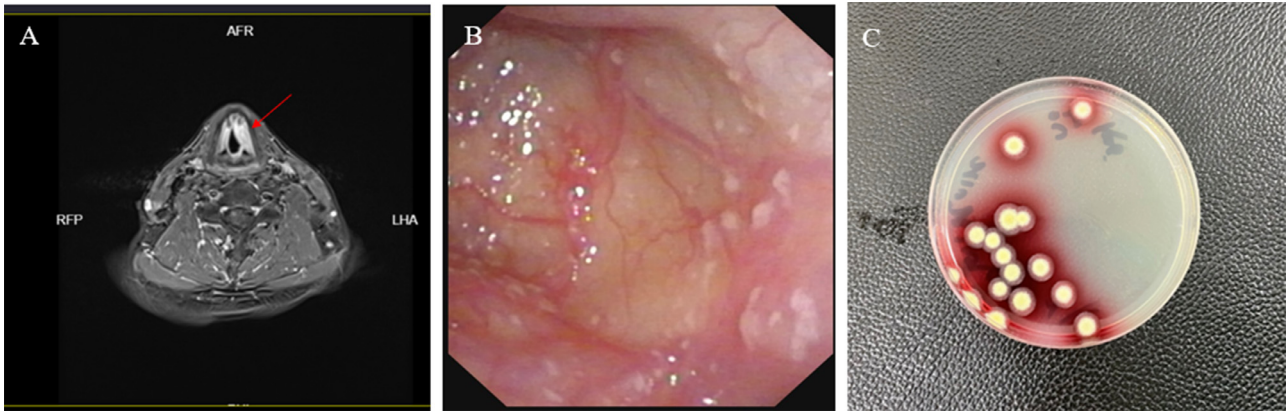


Figure 1. The left vocal cords were thickened with a local abnormal signal. Figure B: Indirect laryngoscopy revealed laryngopharyngeal ulcers. Figure C: Bronchoalveolar lavage fluid fungal culture at 25°C, demonstrating white to tan-colored, velvety, flat colonies with a red soluble pigment.