Abstract Form

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Project Title:	"It Wasn't My Dog": Cutaneous Coccidioidomycosis Mimicking Pasteurella Abscess

Research Category (please check one):

☐	**Original Research**	☒	**Clinical Vignette**	☐	**Quality Improvement**	☐	**Medical Education Innovation**

Abstract

Introduction: Coccidioidomycosis is an infection caused by the dimorphic pathogenic fungi Coccidioides and is endemic to the southwestern region of the United States as well as Central and South America. While the most common disease presentation is through primary pulmonary infection, coccidioidomycosis can also rarely present with primary cutaneous disease. We present a case of primary cutaneous coccidioidomycosis mimicking a hand abscess originally thought to be secondary to bacterial infection with *Pasteurella* in an immunocompromised 53-year-old.

Case: A 53-year-old male with a history of well-controlled HIV and active tobacco use presented to the emergency department for the second time with worsening right-hand pain and a fluctuating mass. Initial x-ray of his hand at the initial presentation did not show acute pathology. He was given a 10-day course of Keflex that was extended to 14 days by his primary care doctor due to persistent decreased range of motion. The patient denied any preceding trauma or animal/bug bites but does have a dog at home. He also denied fevers, chills, or drainage from his hand. He was admitted to the hospital and started on ceftriaxone that was narrowed to cefazolin, eventually transitioning to vancomycin monotherapy. The mass was drained by Plastic Surgery and was found to be positive for gram negative rods, so empiric *Pasteurella* coverage was initiated, and the patient was discharged on amoxicillin/clavulanic acid for 2 weeks. However, bacterial cultures were negative and coccidiomycosis was isolated. Patient was transitioned to fluconazole.

Discussion: This patient's presentation was highly suspicious for gram negative bacterial abscess, particularly for *Pasteurella* given his exposure to his dog. This patient appears to have developed primary cutaneous coccidioidomycosis, possibly from direct inoculation despite the patient denying any prior trauma. This case highlights the need to consider fungal infection in patients residing in areas where Coccidioiodes is endemic, especially in at-risk populations. This includes immunocompromised persons, including those with T-lymphocyte impairment or human immunodeficiency virus infection, diabetes mellitus, and pregnancy.