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Case report

Talaromyces (*Penicillium*) *marneffei* infection

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ABSTRACT

A 41-year-old man from the emergency department presented with fever for 2 weeks, sore throat, dry cough and generalized umbilicated skin lesions (face (Fig. 1), and chest (Fig. 2)). HIV antibody was positive, CD4+ count was 2/μL. His skin swab, sputum and blood culture all yielded *Talaromyces* (*Penicillium*) *marneffei* (Fig. 3).

Talaromyces marneffei is an important cause of morbidity and mortality in HIV-infected and other immunosuppressed patients who live in or are from endemic areas especially Southeast Asia. Amphotericin B or Itraconazole should be initiated as soon as possible for patients with talaromycosis.

A 41-year-old man admitted from the emergency department, presented with fever for 2 weeks, sore throat, dry cough and generalized umbilicated skin lesions (face (Fig. 1), and chest (Fig. 2)). HIV antibody was positive, CD4+ count was 2 /μL. His skin swab, sputum and blood culture all yielded *Talaromyces* (*Penicillium*) *marneffei* (Fig. 3).

Talaromyces marneffei is an important cause of morbidity and mortality in HIV-infected and other immunosuppressed patients who live in or are from endemic areas especially Southeast Asia [1]. Amphotericin B or Itraconazole should be initiated as soon as possible for patients with talaromycosis [2].

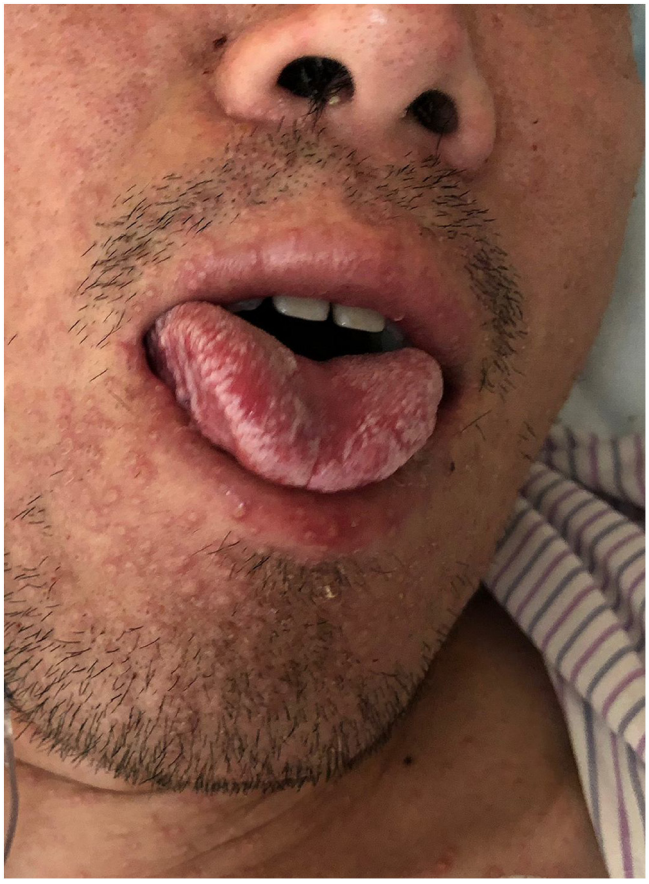

Fig. 1. Umbilicated skin lesions on the face.

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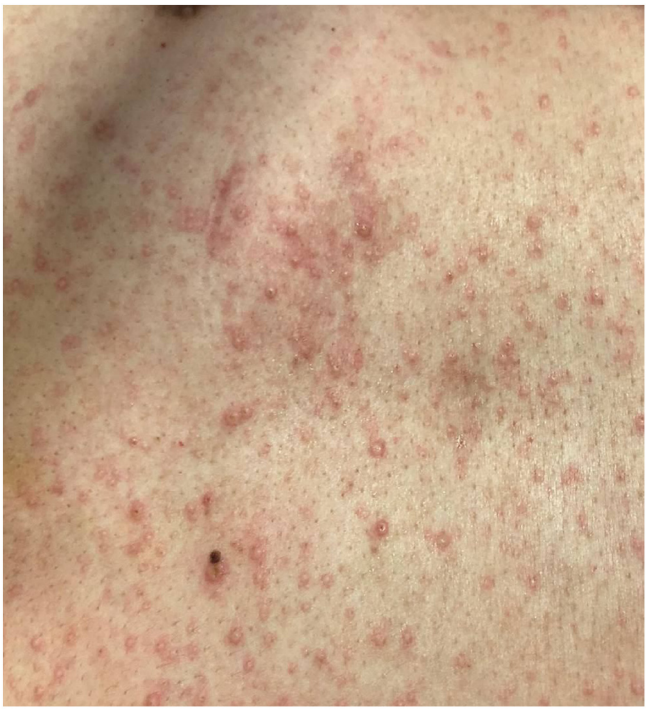

Fig. 2. Umbilicated skin lesions on the chest.

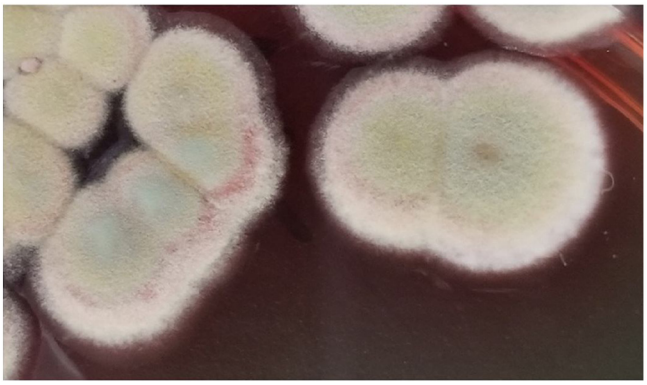

Fig. 3. Colonies of *Talaromyces* (*Penicillium*) *marneffei.*

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