

Epidemiology of Clinical Sporotrichosis in the Americas

Subjects: **Infectious Diseases**

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Sporotrichosis is a fungal infection caused by species of the *Sporothrix* genus. In the found 124 publications with reports related to sporotrichosis in the Americas, 12,636 patients got infection caused by species of the genus *Sporothrix*. It was observed that 87.45% (11,050) were reported in South America, 11.55% (1460) in North America, and 1.00% (126) in Central America and the Caribbean.

sporotrichosis

Sporothrix schenckii sensu stricto

the Americas

1. Introduction

Sporotrichosis is a fungal infection caused by thermo-dimorphic fungi species of the *Sporothrix* genus. Previously, the classification of the species of sporotrichosis was conducted through the classification of the *Sporothrix schenckii* complex, which included *Sporothrix schenckii* sensu stricto, *Sporothrix brasiliensis* (*S. brasiliensis*), *Sporothrix globosa* (*S. globosa*), *Sporothrix luriei* (*S. luriei*), *Sporothrix pallida* (*S. pallida*), *Sporothrix mexicana* (*S. mexicana*), and *Sporothrix chilensis* (*S. chilensis*) [1][2]. However, since 2016, the taxonomical classification of *Sporothrix* has been changed into a clinical clade that includes *Sporothrix schenckii*, *S. globosa*, *S. brasiliensis*, and *S. luriei*. On some occasions, the species of the environmental clade, such as *S. pallida*, *S. mexicana*, and *S. chilensis* may cause infection upon contact with an individual [1][2][3][4]. The infections occur mainly cutaneously or subcutaneously with lymphatic involvement [1][2][3][4]. This infection has been considered the most frequent subcutaneous mycosis in Latin America [2]. Such infections can be difficult to diagnose with the naked eye since they can be similar to infiltrative or ulcerative lesions from vascular and inflammatory disorders [1][3].

For this subcutaneous infection to develop, a direct trauma must occur first. For example, inoculation occurs when the skin is punctured by plants with thorns, gardeners are a classic case of this. Also, inoculation can occur through fomites that contact contaminated soil. For instance, people who wear sandals can suffer trauma from stones, firewood, or thorns with fungal spores on their surface [2][3]. With all the above, it can be inferred that this type of fungal infection is associated with regions where the main livelihood is agriculture, that is, in environments where the climate is tropical and subtropical. Another form of transmission, which has been increasing in recent times in some regions of the continent such as Brazil, Argentina, Paraguay, and Panama, has been reported to result from scratches, bites, pecks, and stings from different animals [1][2][3][4].

There are several techniques for detecting sporotrichosis, including Sabouraud dextrose agar cultures, lactophenol blue or erythromycin staining, histopathological studies, and PCR sequencing, among others [5][6][7] (**Figure 1**).

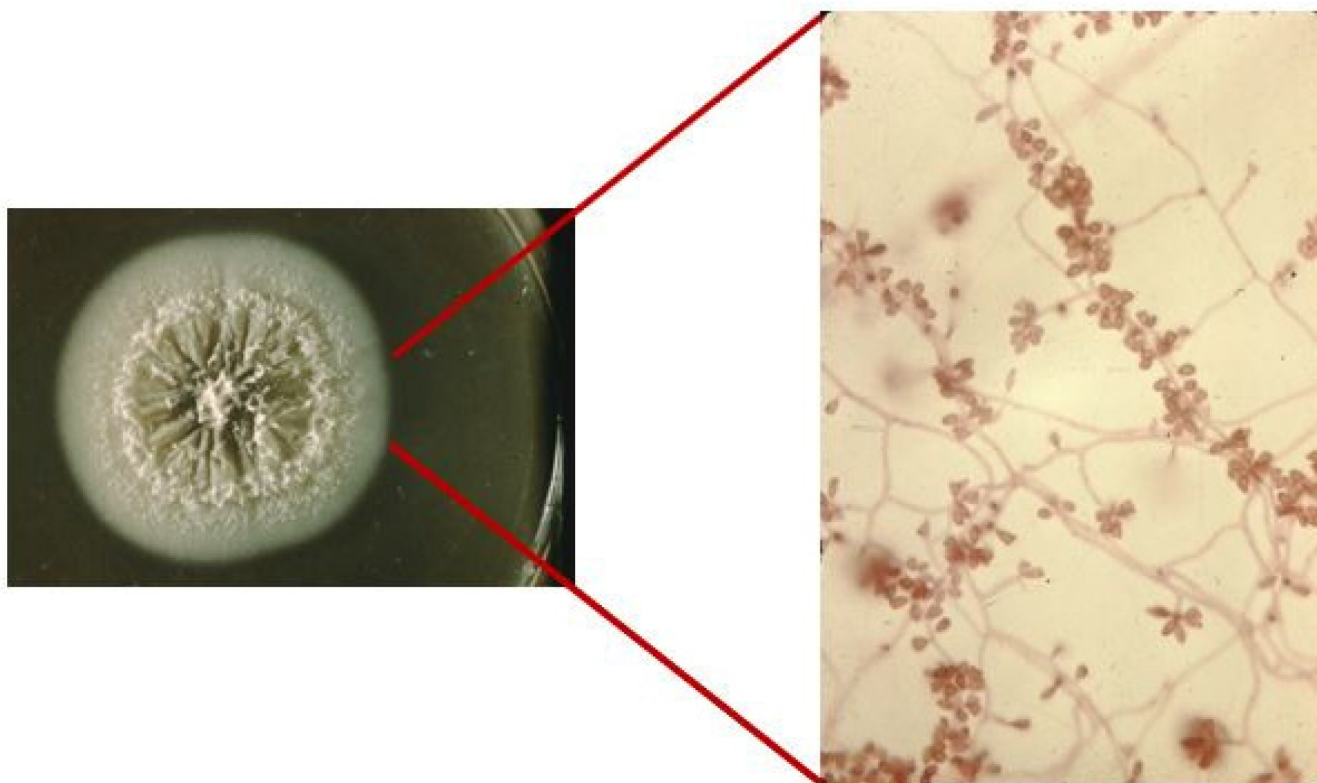


Figure 1. *Sporothrix* spp. culture and erythromycin staining 40×.

As for the clinical forms of sporotrichosis, various types have been described, such as the lymphocutaneous, fixed cutaneous, and, as mentioned earlier, the disseminated or hematogenous forms where both organs and tissues can be affected [5][6][7][8][9][10][11][12][13][14][15][16][17][18][19][20][21][22][23][24][25][26][27][28]. The latter is the rarest because the recommended antifungal regimens are usually effective; however, in patients with alterations in cellular immunity, these infections can spread [2][3][4].

2. Epidemiology of Sporotrichosis in North America

A total of 48 publications related to sporotrichosis were found in North America [5][6][7][8][9][10][11][12][13][14][15][16][17][18][19][20][21][22][23][24][25][26][27][28][29][30][31][32][33][34][35][36][37][38][39][40][41][42][43][44][45][46][47][48][49][50][51][52]. There were 1460 patients in total associated with infection caused by species of the genus *Sporothrix*. According to the previous classification, it was found that in Canada, only two case reports were found, one from Ontario and the other from Toronto [5][6]. In the US, 27 reports containing 1 clinical case were found (81.5% *S. schenckii*, 18.5% *Sporothrix* spp., *S. schenckii* complex, and *S. schenckii sensu lato*) [7][8][9][10][11][12][13][14][15][16][17][18][19][20][21][22][23][24][25][26][27][28][29][30][31][32][33]. Of these, seven cases came from California, three from Oklahoma, two cases from Kansas, Texas, Arizona, Minnesota, and Florida, one case from Michigan, Nebraska, Oregon, Pennsylvania, and finally, one case without a specific city or region. In Mexico, there were 19 reports registered with 1431

reported cases (84.7% *Sporothrix* spp., 14.47% *S. schenckii*, 0.55% *S. globosa*, 0.21% *S. schenckii* sensu stricto, 0.07% *S. mexicana*) [34][35][36][37][38][39][40][41][42][43][44][45][46][47][48][49][50][51][52]. Jalisco reported 1060 cases, Guerrero 150, Nayarit 23, Zacatecas 21, Michoacan 20, Guanajuato 14, Oaxaca 9, Puebla, and San Luis Potosí 8 each, Mexico City 6, Chihuahua, Nuevo León, Querétaro, and Veracruz 2 each, Baja California, Durango, State of Mexico, and Morelos 1 each, and 99 cases were reported with an unspecified city (**Table 1**). When classifying according to the current taxonomy [1][2][3][4], researchers can mention that in Canada, 50% of the sporotrichosis was due to *S. schenckii* and 50% to *Sporothrix* spp. [5][6]. In the US, it was reported that *Sporothrix* spp. (85.19%) and *S. schenckii* (14.81%) were responsible for this pathology [7][8][9][10][11][12][13][14][15][16][17][18][19][20][21][22][23][24][25][26][27][28][29][30][31][32][33]. Finally, in Mexico, 85.05% were due to *Sporothrix* spp., 14.33% *S. schenckii*, 0.55% *S. globosa*, and 0.07% *S. mexicana* [34][35][36][37][38][39][40][41][42][43][44][45][46][47][48][49][50][51][52].

Table 1. Epidemiology of Sporotrichosis in North America.

Region	Country	City	Number of Reported Cases	Vulnerable Population Sex	Vulnerable Population Age (Years)	Diagnostic Method	Type of Sporotrichosis	Etiological Agents (%)		References
								Taxonomy		
								Before 2017	After 2017	
North America	Canada	Ontario	1	Male	44	PCR sequencing (ITS region)	Disseminated	<i>S. schenckii</i>	<i>S. schenckii</i>	[5]
		Toronto	1	Male	78	Fungal culture, Biopsy (Histopathology)	Lymphocutaneous	<i>S. schenckii</i> complex	<i>Sporothrix</i> spp.	[6]
	USA	California	1	Female	7	Fungal culture Biopsy (Histopathology)	Lymphocutaneous	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[7]
		Minnesota	1	Male	61	Fungal culture	Disseminated	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[8]
		ND	1	Female	87	Fungal culture	Lymphocutaneous on the eyelid	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[9]
		Pennsylvania	1	Male	67	Fungal culture Biopsy (Histopathology)	Lymphocutaneous	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[10]
		Texas	1	Male	34	Fungal culture Biopsy (Histopathology)	Disseminated	<i>Sporothrix</i> spp.	<i>Sporothrix</i> spp.	[11]
		Texas	1	Male	9	Fungal culture Biopsy (Histopathology)	Lymphocutaneous on the eyelid	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[12]
		California	1	Female	41	Fungal culture	Lymphocutaneous	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[13]

Region	Country	City	Number of Reported Cases	Vulnerable Population		Diagnostic Method	Type of Sporotrichosis	Etiological Agents (%)		References
				Sex	Age (Years)			Taxonomy		
								Before 2017	After 2017	
		Oregon	1	Male	53	Fungal culture	Disseminated	<i>Sporothrix</i> spp.	<i>Sporothrix</i> spp.	[14]
		Oklahoma	1	Male	66	Latex agglutination test	Disseminated	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[15]
		Florida	1	Male	33 month-Old	Fungal culture Biopsy (Histopathology)	Atypical lymphadenitis	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[16]
		Minnesota	1	Male	49	Fungal culture	Pulmonary sporotrichosis	<i>Sporothrix</i> spp.	<i>Sporothrix</i> spp.	[17]
		Arizona	1	Male	56	Fungal culture	Lymphocutaneous and disseminated (10 months later)	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[18]
		California	1	Male	39	Fungal culture	Sporothrical arthritis	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[19]
		California	1	Male	89	Fungal culture Biopsy (Histopathology)	Disseminated	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[20]
		Michigan	1	Female	57	Fungal culture Biopsy (Histopathology)	Lymphocutaneous	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[21]
		California	1	Male	34	Latex agglutination test	Chronic meningitis	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[22]
		Kansas	1	Male	33	Fungal culture MALDI-TOF	Sporothrical arthritis	<i>S. schenckii</i>	<i>Sporothrix schenckii</i>	[23]
		Oklahoma	1	Male	44	Fungal culture Biopsy (Histopathology)	Pulmonary sporotrichosis	<i>S. schenckii</i> sensu lato	<i>Sporothrix</i> spp.	[24]
		California	1	Male	41	Fungal culture	Sporothrical arthritis	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[25]
		California	1	Female	35	Fungal culture	Disseminated	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[26]
		Nebraska	1	Male	62	Fungal culture Biopsy (Histopathology)	Disseminated	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[27]

Region	Country	City	Number of Reported Cases	Vulnerable Population		Diagnostic Method	Type of Sporotrichosis	Etiological Agents (%)		References
				Sex	Age (Years)			Taxonomy		
								Before 2017	After 2017	
United States		Boston	1	Female	35	MALDI-TOF	Fixed cutaneous	<i>S. schenckii</i>	<i>S. schenckii</i>	[28]
		Kansas	1	Male	30	Fungal culture Biopsy (Histopathology)	Disseminated	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[29]
		Florida	1	Male	76	History and physical examination	Lymphocutaneous	<i>Sporothrix</i> spp.	<i>Sporothrix</i> spp.	[30]
		Oklahoma	1	Male	23	Fungal culture	Lymphocutaneous	<i>S. schenckii</i> complex	<i>Sporothrix</i> spp.	[31]
		Washington	1	Female	44	Fungal culture PCR sequencing (ITS 1–2)	Disseminated	<i>S. schenckii</i>	<i>S. schenckii</i>	[32]
		Arizona	1	Female	72	PCR DNA sequencing	Laryngotracheal granulomatous disease	<i>S. schenckii</i>	<i>S. schenckii</i>	[33]
	Mexico	Veracruz	1	Male	39	Fungal culture Biopsy (Histopathology)	Atypical	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[34]
		Puebla	1	Male	36	Fungal culture Biopsy (Histopathology)	Disseminated	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[35]
		Oaxaca	1	Male	13	Fungal culture	Lymphocutaneous on the left hand, forearm, and upper arm	<i>Sporothrix</i> spp.	<i>Sporothrix</i> spp.	[36]
		Mexico City	1	Male	54	Fungal culture Biopsy (Histopathology)	Disseminated (Testicular involvement)	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[37]
		Guerrero	1	Female	36	Fungal culture Biopsy (Histopathology)	Disseminated	<i>Sporothrix</i> spp.	<i>Sporothrix</i> spp.	[38]
		Durango	1	Male	68	Fungal culture Biopsy (Histopathology)	Disseminated	<i>Sporothrix</i> spp.	<i>Sporothrix</i> spp.	[39]

Region	Country	City	Number of Reported Cases	Vulnerable Population		Diagnostic Method	Type of Sporotrichosis	Etiological Agents (%)		References
				Sex	Age (Years)			Taxonomy		
								Before 2017	After 2017	
[57][58][59][60]		ND	24	Male (16) Female (8)	Average: 35.5	PCR sequencing (calmodulin gene)	Cutaneous disseminated 16 (66.7%) Cutaneous disseminated + Mucosal 3 (12.5%) Joint 1 (4.1%) Visceral 1 (4.1%) Fungaemia 1 (4.1%) Mucosal + Visceral + Fungemia: 1 (4.1%) Visceral + Fungaemia 1 (4.1%)	<i>S. schenckii</i> 23 (95.5%). <i>S. globosa</i> 1 (4.5%)	<i>S. schenckii</i> 23 (95.5%). <i>S. globosa</i> 1 (4.5%)	[40]
		ND	55	Male (34) ND Female (18)		Sporotrichin Skin Test Fungal culture	Lymphocutaneous 32 (58.2%) Fixed cutaneous 19 (34.5%) Disseminated 4 (7.3%)	<i>S. schenckii</i> 54 (98%) <i>S. globosa</i> 1 (2%)	<i>S. schenckii</i> 54 (98%) <i>S. globosa</i> 1 (2%)	[41]
		Guerrero	73	Male (33) Female (40)	Average: 25.8	Fungal culture Biopsy (Histopathology)	Lymphocutaneous: 41 (56.16%) Fixed cutaneous 24 (32.87%) Disseminated 8 (10.95%)	<i>S. schenckii</i>	<i>S. schenckii</i>	[42]
		Chihuahua	1	Female	84	Multiplex PCR (Calmodulin gene)	Fixed cutaneous (Auricular sporotrichosis)	<i>S. schenckii</i> (sensu stricto)	<i>S. schenckii</i>	[43]
		Baja California	1	Male	23	Fungal culture Biopsy (Histopathology)	Lymphocutaneous	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[44]
		San Luis Potosi 8 Puebla 3 Mexico City 2 Queretaro 2	22	ND		PCR sequencing (Calmodulin and calcium-calmodulin-	Lymphocutaneous: 17 (77.3%) Fixed cutaneous 4 (18.2%) Disseminated 1 (4.5%)	<i>S. schenckii</i> : 18 (81.8%) <i>S. globosa</i> 4 (18.2%)	<i>S. schenckii</i> : 18 (81.8%) <i>S. globosa</i> 4 (18.2%)	[45]
[53][54][55][56][57][58][59][60]										
[53]										
[54][55][56]										
[59][60]										
[55][56][57][58][59][60]										

S. schenckii with 42.85% (54/126), and *S. brasiliensis* with 1.59% (2/126) [53][54][55][56][57][58][59][60].

Regarding diagnosis, fungal culture was used as a diagnostic method in all articles (8/8), followed by histopathological examination (5/8). In this case, also, the histopathological examination was always accompanied by fungal cultures. PCR sequencing (2/8) employing the calmodulin gene in one article and the ITS1-2 region in the other was also used as a diagnostic tool. Lastly, diagnosis with microscopy using lactophenol blue was mentioned in two reports (Table 2) [53][54][55][56][57][58][59][60].

Table 2. Epidemiology of Sporotrichosis in Central America and the Caribbean.

Region	Country	City	Number of Reported Cases	Vulnerable Population		Diagnostic Method	Type of Sporotrichosis	Etiological Agents (%)		References
				Sex	Age (Years)			Taxonomy		
								Before 2017	After 2017	
Central America	Costa Rica	San José	57 (1994–	No data		Direct microscopy,	ND	<i>S. schenckii</i> sensu stricto	<i>S. schenckii</i> 53 (93%)	[53]

Region	Country	City	Number of Reported Cases	Vulnerable Population		Diagnostic Method	Type of Sporotrichosis	Etiological Agents (%)		References
				Sex	Age (Years)			Taxonomy		
			2015)			culture, PCR (enzymatic restriction and sequencing of the calmodulin gen)		Before 2017	After 2017	
		Guatemala City	11	Male 7 Female 4	Average 49 years	Fungal culture, Histopathology	Fixed cutaneous 9 (81.8%) Lymphocutaneous 2 (18.2%)	<i>Sporothrix</i> spp. (100%)	<i>Sporothrix</i> spp. (100%)	[54]
	Guatemala	Guatemala City	53 (2007–2016)	Male 33 Female 20	Average 44.1 years	Fungal culture, microscope with Lactophenol cotton blue	Lymphocutaneous 33 (62.2%) Fixed cutaneous 17 (32.1%) Disseminated 2 (3.8%) Chancre 1 (1.9%)	<i>Sporothrix schenckii</i> complex. (100%)	<i>Sporothrix</i> spp. (100%)	[55]
		Guatemala City	1	ND		Fungal culture, PCR sequencing (ITS 1- 2 and β -tubulin)	ND	<i>Sporothrix schenckii</i> sensu stricto	<i>Sporothrix schenckii</i>	[56]
	Honduras	Tegucigalpa	1	Male 1	14 years	Fungal culture	Lymphocutaneous 1 (100%)	<i>S. schenckii</i>	<i>Sporothrix</i> spp.	[57]
	Panamá	Chorrera District	1	Male 1	34 years	Clinical, Direct Microscopy, Fungal culture.	Lymphocutaneous 1 (100%)	ND	<i>Sporothrix</i> spp.	[58]
		Pinar del Río	1	Female 1	57 years	Histopathology Fungal culture	Lymphocutaneous	<i>Sporothrix schenckii</i> sensu lato (100%)	<i>Sporothrix</i> spp. (100%)	[59]
Caribbean	Cuba	Cumanayagua	1	Male	67	Histopathology, Fungal culture, Microscopy with cotton blue and calmodulin gene)	Lymphocutaneous	<i>Sporothrix schenckii</i> sensu lato (100%)	<i>Sporothrix</i> spp. (100%)	[60]
4 reports										
<i>kii</i> sensu										

25.00%), 26 by *S. brasiliensis* (68.52%), 1 by *S. globosa* (2.6%), 1 by *S. schenckii* (2.6%), and 1 by *S. schenckii* complex (2.6%) [61][62][63][64]. Brazil reported 42 articles with 5546 analyzed cases [65][66][67][68][69][70][71][72][73][74][75][76][77][78][79][80][81][82][83][84][85][86][87][88][89][90][91][92][93][94][95][96][97][98][99][100][101][102][103][104][105][106][107][108][109][110][111][112][113][114][115][116][117][118][119][120][121][122][123][124][125][126][127][128][129][130][131], 4 reports identifying *Sporothrix* spp. and *S. schenckii* complex as the causative agent in 4906 cases (88.46%), *S. schenckii* in 302 (5.45%), *S. brasiliensis* in 125 (2.25%), *Sporothrix* sensu lato in 110 (1.98%), *S. globosa* plus *S. schenckii* in 91 cases (1.64%) *Sporothrix* sensu stricto in 5 (0.09%), *S. globosa* in 4 (0.07%), and *S. mexicana* in 3 (0.05%) during the studied period. In Colombia, 4 reports were found, adding up to 50 cases [56][107][108][109]. *S. Schenckii* sensu stricto was identified in 22 cases (44.00%), *Sporothrix* spp. in 15 (30.00%), *S. globosa* in 12 (24.00%) and *S. schenckii* sensu lato in 1 (2.00%). Likewise, in Chile, 3 reported cases detected *Sporothrix* spp. in 1 (33.33%), *S. globosa* in 1 (33.33%), and *Sporothrix pallida* in 1 (33.33%) [110][111][112]. A total of 13 cases of *Sporothrix* spp. and *S. schenckii* complex (100%) were reported in Paraguay [113][114]. In Peru, from 4792 cases, *S. schenckii* was found in 4656 (97.16%), *Sporothrix* spp. and the *Sporothrix* complex in 116 (2.42%), *S. schenckii* sensu stricto in 19 (0.40%), and *Sporothrix* sensu lato in 1 (0.02%) [115][116][117][118][119][120][121][122][123]. There was 1 report of 157 cases of *Sporothrix* spp. (100%) found in Uruguay [124]. Finally, there were 4 reports from Venezuela with 452 cases of *Sporothrix* spp., and the *Sporothrix* complex was found in 220 of those cases

Region	Country	City	Number of Reported Cases	Vulnerable Population		Diagnostic Method	Type of Sporotrichosis	Etiological Agents (%)		References	to in 17 (6%)
				Sex	Age (Years)			Taxonomy			
								Before 2017	After 2017		[125]
[126][127][128]		ND	18	Male (10) Female (8)	ND	PCR sequencing (ITS regions)	Lymphocutaneous 13 (72.2%) Fixed cutaneous 5 (27.8%)	<i>S. schenckii</i> 17 (94.4%) <i>S. globosa</i> : 1 (5.6%)	<i>S. schenckii</i> 17 (94.4%) <i>S. globosa</i> : 1 (5.6%)	[51]	
Regard											
2.63%	<i>S. g</i>	Oaxaca	2	Male	61	Multiplex PCR (Calmodulin gene)	Fixed cutaneous 1 (50%)	<i>S. schenckii</i> sensu stricto	<i>S. schenckii</i>	[52]	<i>siliensis</i> , c agent 4%, <i>S.</i>
was	<i>Sporothi</i>			Male	21						

schlenckii 0.41%, *S. globosa* 0.07%, and *S. mexicana* 0.05% [65][66][67][68][69][70][71][72][73][74][75][76][77][78][79][80][81][82][83][84][85][86][87][88][89][90][91][92][93][94][95][96][97][98][99][100][101][102][103][104][105][106]. In Colombia, *S. schenckii* 44.00%, *Sporothrix* spp. 32.00%, and *S. globosa* 24.00% were the principal mycotic agents [56][107][108][109]. Regarding Chile, the pathogenic agents were *Sporothrix* spp., *S. globose*, and *S. pallida* (33.33% each) [110][111][112]. In Paraguay, the unique agent found was *Sporothrix* spp. (100%) [113][114]. For Peru, the most important pathogenic agents were *Sporothrix* spp. (99.54%), and *S. schenckii* (0.46%) [115][116][117][118][119][120][121][122][123]. In Uruguay, 100% of the cases were due to *Sporothrix* spp. (100%) [124]. In Venezuela, *Sporothrix* spp. (80.04%), *S. schenckii* (13.38%), and *S. globose* (6.57%) were the types of *Sporothrix* agents [125][126][127][128].

The most frequent types of disease were lymphocutaneous with 3293 cases (29.47%), fixed cutaneous with 1947 (17.43%), disseminated cutaneous with 34 (0.30%), systemic form with 18 (0.16%), and others with 177 cases (1.60%). However, there were 5702 cases (51.04%) with undetermined types from all the cases diagnosed as sporotrichosis. [56][61][62][63][64][65][66][67][68][69][70][71][72][73][74][75][76][77][78][79][80][81][82][83][84][85][86][87][88][89][90][91][92][93][94][95][96][97][98][99][100][101][102][103][104][105][106][107][108][109][110][111][112][113][114][115][116][117][118][119][120][121][122][123][124][125][126][127][128].

The most common reported etiological agent with the new taxonomical classification was *Sporothrix* spp. with 95.12% (10,511/11,050), followed by *S. schenckii* with 1.23% (136/11,050), *S. brasiliensis* with 2.27% (251/11,050), *S. globosa* plus *S. schenckii* with 0.82% (91/11,050), *S. globosa* with 0.52% (57/11,050), *S. mexicana* 0.027% (3/11,050), and *S. pallida* with 0.009% (1/11,050). [56][61][62][63][64][65][66][67][68][69][70][71][72][73][74][75][76][77][78][79][80][81][82][83][84][85][86][87][88][89][90][91][92][93][94][95][96][97][98][99][100][101][102][103][104][105][106][107][108][109][110][111][112][113][114][115][116][117][118][119][120].

References

1. Lopes-Bezerra, L.M.; Mora-Montes, H.M.; Zhang, Y.; Nino-Vega, G.; Rodrigues, A.M.; de Camargo, Z.P.; de Hoog, S. Sporotrichosis between 1898 and 2017: The evolution of knowledge on a changeable disease and on emerging etiological agents. *Med. Mycol.* 2018, 56, S126–S143.
2. Rabello, V.B.S.; Almeida, M.A.; Bernardes-Engemann, A.R.; Almeida-Paes, R.; de Macedo, P.M.; Zancopé-Oliveira, R.M. The Historical Burden of Sporotrichosis in Brazil: A Systematic Review of Cases Reported from 1907 to 2020. *Braz. J. Microbiol.* 2022, 53, 231–244.
3. Rodrigues, A.M.; Della Terra, P.P.; Gremião, I.D.; Pereira, S.A.; Orofino-Costa, R.; de Camargo, Z.P. The threat of emerging and re-emerging pathogenic *Sporothrix* species. *Mycopathologia*

2020, 185, 813–842.

4. Gremião, I.D.F.; Evangelista Oliveira, M.M.; Monteiro de Miranda, L.H.; Saraiva Freitas, D.F.; Pereira, S.A. Geographic Expansion of Sporotrichosis, Brazil. *Emerg Infect. Dis.* 2020, 26, 621–662.
5. Bunce, P.E.; Yang, L.; Chun, S.; Zhang, S.X.; Trinkaus, M.A.; Matukas, L.M. Disseminated sporotrichosis in a patient with hairy cell leukemia treated with amphotericin B and posaconazole. *Med. Mycol.* 2012, 50, 197–201.
6. Tai, F.; Jakubovic, H.; Alabdulrazzaq, S.; Alavi, A. A case of sporotrichosis infection mimicking pyoderma gangrenosum and the role of tissue culture in diagnosis: A case report. *SAGE Open Med. Case Rep.* 2020, 8, 2050313X20919600.
7. Hayfron, K.; Wiedeman, J.A. A 7-year-old girl with ulcerative lesion after a rodent bite. *Pediatr. Infect. Dis. J.* 2010, 29, 185–193.
8. Kamal, A.; Orenstein, R. Disseminated sporotrichosis. *J. Hosp. Med.* 2010, 5, E29–E30.
9. Lyengar, S.S.; Khan, J.A.; Brusco, M.; FitzSimmons, C.J. Cutaneous *Sporothrix schenckii* of the human eyelid. *Ophthalmic Plast. Reconstr. Surg.* 2010, 26, 305–306.
10. Milby, A.H.; Pappas, N.D.; O'Donnell, J.; Bozentka, D.J. Sporotrichosis of the upper extremity. *Orthopedics* 2010, 33, 1–3.
11. Assi, M.; Lakkis, I.E.; Wheat, L.J. Cross-reactivity in the Histoplasma antigen enzyme immunoassay caused by sporotrichosis. *Clin. Vaccine Immunol.* 2011, 18, 1781–1782.
12. Parekh, P.K.; Butler, D.F. What is your diagnosis? Periorbital granulomatous plaque. *Pediatr. Dermatol.* 2011, 28, 457–458.
13. Rees, R.K.; Swartzberg, J.E. Feline-transmitted sporotrichosis: A case study from California. *Dermatol. Online. J.* 2011, 17, 2.
14. Sharon, V.R.; Kim, J.; Sudhakar, S.; Fung, M.A.; Maniar, A. Disseminated cutaneous sporotrichosis. *Lancet Infect. Dis.* 2013, 13, 95.
15. Adnan, M.M.; Fierro-Fine, A.; Zhao, L.; Khalil, M.O. Metastatic melanoma masquerading as disseminated sporotrichosis. *J. Community Support. Oncol.* 2014, 12, 339–340.
16. Trotter, J.R.; Sriaroon, P.; Berman, D.; Petrovic, A.; Leiding, J.W. *Sporothrix schenckii* lymphadenitis in a male with X-linked chronic granulomatous disease. *J. Clin. Immunol.* 2014, 34, 49–52.
17. Bahr, N.C.; Janssen, K.; Billings, J.; Loor, G.; Green, J.S. Respiratory failure due to possible donor-derived *Sporothrix schenckii* infection in a lung transplant recipient. *Case Rep. Infect. Dis.* 2015, 2015, 925718.

18. Hassan, K.; Turker, T.; Zangeneh, T. Disseminated sporotrichosis in an immunocompetent patient. *Case Rep. Plast. Surg. Hand Surg.* 2016, 3, 44–47.
19. Lederer, H.T.; Sullivan, E.; Crum-Cianflone, N.F. Sporotrichosis as an unusual case of osteomyelitis: A case report and review of the literature. *Med. Mycol. Case Rep.* 2016, 11, 31–35.
20. Aronowitz, P.B.; Gilroy, M.; Christiansen, K.N. Disseminated Sporotrichosis with Osteolytic Bone Involvement. *J. Gen. Intern. Med.* 2017, 32, 1063.
21. Charles, K.; Lowe, L.; Shuman, E.; Cha, K.B. Painful linear ulcers: A case of cutaneous sporotrichosis mimicking pyoderma gangrenosum. *JAAD Case Rep.* 2017, 3, 519–552.
22. Hessler, C.; Kauffman, C.A.; Chow, F.C. The upside of bias: A case of chronic meningitis due to *Sporothrix schenckii* in an immunocompetent host. *Neurohospitalist* 2017, 7, 30–34.
23. Barbaryan, A.; El Atrouni, W.; Bailuc, S.; Jones, M.W.; Bhakta, M.; Mahmoud, K.H.; Mirrakhimov, A.E. Isolated *Sporothrix schenckii* monoarthritis. *Case Rep. Infect. Dis.* 2018, 2018, 9037657.
24. Farooqui, S.M.; Youness, H. The Infection Returns: A case of pulmonary sporotrichosis relapse after chemotherapy. *Case Rep. Med.* 2018, 2018, 1384029.
25. Patel, R.; Busby, L.P.; Motamedi, D. Delayed diagnosis in a case of smoldering sporotrichal monoarthropathy. *J. Radiol. Case Rep.* 2019, 13, 17–23.
26. Saeed, L.; Weber, R.J.; Puryear, S.B.; Bahrani, E.; Peluso, M.J.; Babik, J.M.; Haemel, A.; Coates, S.J. Disseminated cutaneous and osteoarticular sporotrichosis mimicking pyoderma gangrenosum. *Open Forum Infect. Dis.* 2019, 6, ofz395.
27. White, M.; Adams, L.; Phan, C.; Erdag, G.; Totten, M.; Lee, R.; Lu, X.; Mehta, S.; Miller, L.S.; Zhang, S.X. Disseminated sporotrichosis following iatrogenic immunosuppression for suspected pyoderma gangrenosum. *Lancet Infect. Dis.* 2019, 19, e385–e391.
28. Kaadan, M.I.; Dennis, M.; Desai, N.; Yadavalli, G.; Lederer, P. One health education for future physicians: A case report of cat-transmitted sporotrichosis. *Open Forum Infect. Dis.* 2020, 7, ofaa049.
29. Parker, N.; Strong, N.; Pichetsurnthorn, P.; Lalich, D.; Moore, T. Disseminated sporotrichosis with brain abscesses in an HIV-Infected patient. *Cureus* 2020, 12, e8016.
30. Shah, D.; Kim, A.E.; Elbadri, S.; Desai, B.; Ganti, L. An uncommon rash in the emergency department: *Sporothrix Schenckii*. *Cureus* 2021, 13, e16125.
31. Wellington, T.; Hauschild, J.; Krauland, K.J.; Verwiebe, E.G.; Markelz, A.E. Sporotrichosis in a U.S. Army basic trainee. *Mil. Med.* 2021, usab463.
32. Zambrano, A.I.; Church, E.C.; McKay, K.M.; Carnes, S.K.; Morse, R.J.; Leveque, T.K.; Roxby, A.C. A disfiguring rash. *Open Forum Infect. Dis.* 2021, 8, ofab332.

33. Kenny, H.; Dougherty, M.; Churnin, I.; Early, S.; Gupta, A.; McGarey, P.O., Jr. Chronic laryngotracheal granulomatous disease secondary to *Sporothrix schenckii* in an immunocompromised patient. *Ann. Otol. Rhinol. Laryngol.* 2022, 34894211073002.
34. Gutierrez-Morales, J.L.; Domínguez Romero, R.; Morales Esponda, M.; Rossiere Echazaleta, N.L.; Reyes Bonifant, G.; Santos Ramírez, A. Esporotricosis micematoide con invasión a médula espinal. *Rev. Mex. Neuroci.* 2011, 12, 50–54.
35. Romero-Cabello, R.; Bonifaz, A.; Romero-Feregrino, R.; Sánchez, C.J.; Linares, Y.; Zavala, J.T.; Romero, L.C.; Romero-Feregrino, R.; Vega, J.T. Disseminated sporotrichosis. *BMJ Case Rep.* 2011, 2011, bcr1020103404.
36. Rojas-Padilla, R.; Pastrana, R.; Toledo, M.; Valencia, A.; Mena, C.; Bonifaz, A. Esporotricosis cutánea linfangítica por mordedura de araña. *Dermatol. Rev. Mex.* 2013, 57, 479–484.
37. Espinoza-Hernández, C.J.; Jesús-Silva, A.; Toussaint-Caire, S.; Arenas, R. Disseminated sporotrichosis with cutaneous and testicular involvement. *Actas Dermosifiliogr.* 2014, 105, 204–206.
38. Chávez-López, G.; Estrada-Castañón, R.; Estrada-Chávez, G.; Vega-Memije, M.E.; Moreno-Coutiño, G. Esporotricosis cutánea diseminada: Un caso de la región de la montaña del estado de Guerrero, México. *Dermatol. Rev. Mex.* 2015, 59, 228–232.
39. Cotino Sánchez, A.; Torres-Alvarez, B.; Gurrola Morales, T.; Méndez Martínez, S.; Saucedo Gárate, M.; Castanedo-Cazares, J.P. Mycosis fungoides-like lesions in a patient with diffuse cutaneous sporotrichosis. *Rev. Iberoam. Micol.* 2015, 32, 200–203.
40. Bonifaz, A.; Tirado-Sánchez, A.; Paredes-Solís, V.; Cepeda-Valdés, R.; González, G.M.; Treviño-Rangel, R.J.; Fierro-Arias, L. Cutaneous disseminated sporotrichosis: Clinical experience of 24 cases. *J. Eur. Acad. Dermatol. Venereol.* 2018, 32, e77–e79.
41. Bonifaz, A.; Toriello, C.; Araiza, J.; Ramírez-Soto, M.C.; Tirado-Sánchez, A. Sporotrichin skin test for the diagnosis of sporotrichosis. *J. Fungi* 2018, 4, 55.
42. Estrada-Castañón, R.; Chávez-López, G.; Estrada-Chávez, G.; Bonifaz, A. Report of 73 cases of cutaneous sporotrichosis in Mexico. *An. Bras. Dermatol.* 2018, 93, 907–909.
43. Ochoa-Reyes, J.; Ramos-Martínez, E.; Treviño-Rangel, R.; González, G.M.; Bonifaz, A. Auricular sporotrichosis. Atypical case report simulating bacterial cellulitis. *Rev. Chil. Infectol.* 2018, 35, 83–87.
44. Puebla-Miranda, M.; Vásquez-Ramírez, M.; González-Ibarra, M.; Torres-López, I.H. Esporotricosis. Reporte de un caso ocupacional. *Rev. Hosp. Jua. Mex.* 2018, 85, 246–250.
45. Rangel-Gamboa, L.; Martinez-Hernandez, F.; Maravilla, P.; Flisser, A. A population genetics analysis in clinical isolates of *Sporothrix schenckii* based on calmodulin and calcium/calmodulin-

- dependent kinase partial gene sequences. *Mycoses* 2018, 61, 383–392.
46. Rojas, O.C.; Bonifaz, A.; Campos, C.; Treviño-Rangel, R.J.; González-Álvarez, R.; González, G.M. Molecular identification, antifungal susceptibility, and geographic origin of clinical Strains of *Sporothrix schenckii* complex in Mexico. *J. Fungi* 2018, 4, 86.
 47. Estrada-Castañón, R.; Estrada-Chávez, G.; Chávez-López, M.G. Diagnosis and management of fungal neglected tropical diseases in community settings-mycetoma and sporotrichosis. *Trop. Med. Infect. Dis.* 2019, 4, 81.
 48. Mayorga-Rodríguez, J.; Mayorga-Garibaldi, J.L.; Muñoz-Estrada, V.F.; De León Ramírez, R.M. Esporotricosis: Serie de 1134 casos en una zona endémica de México. *Med. Cut. Ibero Lat. Am.* 2019, 47, 24–28.
 49. Alvarez-Rivero, V.; Hernandez-Castro, R.; Moreno-Coutiño, G.; Lozano-Platonoff, A. Disseminated sporotrichosis: An important differential diagnosis for venous ulcers. *Adv. Skin. Wound Care* 2020, 33, 1–3.
 50. Bonifaz, A.; Morales-Peña, N.; Tirado-Sánchez, A.; Jiménez-Mendoza, D.R.; Treviño-Rangel, R.J.; González, G.M. Atypical sporotrichosis related to *Sporothrix mexicana*. *Mycopathologia* 2020, 185, 733–735.
 51. Bonifaz, A.; Tirado-Sánchez, A.; Araiza, J.; Treviño-Rangel, R.; González, G.M. Deep mycoses and pseudomycoses of the foot: A single-center retrospective study of 160 cases, in a tertiary-care center in Mexico. *Foot* 2021, 46, 101770.
 52. Martínez-Herrera, E.; Arenas, R.; Hernández-Castro, R.; Frías-De-León, M.G.; Rodríguez-Cerdeira, C. Uncommon clinical presentations of sporotrichosis: A two-case report. *Pathogens* 2021, 10, 1249.
 53. Lozada-Alvarado, S.; Salas-Campos, I.; Uribe-Lorío, L.; Gross, N.T. Molecular and Biochemical Identification and In Vitro Susceptibility to Itraconazole of Costa Rican Clinical Isolates of the *Sporothrix schenckii* Complex. *Acta Sci. Microbiol.* 2020, 3, 116–123.
 54. Román-Carrillo, M.; Porres-Paredes, S.; Orozco, R.; Argueta, V. Cutaneous Sporotrichosis. Case report. *Rev. Médica Gt Colmedegua* 2018, 157, 90–92.
 55. Sánchez-Cárdenas, C.D.; Porras-López, C.; Morales-Ezquivel, O.; Frías-De-León, M.G.; Juárez-Durán, E.R.; Arenas, R.; Martínez-Herrera, E. Sporotrichosis: Epidemiological, clinical and mycological study of 53 cases in Guatemala. *Life Sci. Press* 2018, 2, 66–69.
 56. Flórez-Muñoz, S.V.; Alzate, J.F.; Mesa-Arango, A.C. Molecular Identification and Antifungal Susceptibility of Clinical Isolates of *Sporothrix schenckii* Complex in Medellin, Colombia. *Mycopathologia* 2019, 184, 53–63.

57. Medina, R.; Flores, J.; Luque, M.T. Sporotrichosis in an Adolescent Patient. *Honduras Pediátrica* 2021, 34, 32–33.
58. Rios, M.E.; Suarez, M.D.; Moreno, J.; Vallee, J.; Moreno, J.P. Zoonotic Sporotrichosis Related to Cat Contact: First Case Report from Panama in Central America. *Cureus* 2018, 10, e2906.
59. Fernandez, M.C.; Reyes, N.; Gonzalez, J.C.; Montesino, M.; Apaulasa, K. Sporotrichosis. A propos of a case. *Rev. Cubana Med. Trop.* 2016, 68, 171–178.
60. Pérez-Morales, L.; Iglesias-López, M.; Quiñones-Cherta, O.; Reyes-Rodríguez, I. Microbiological Isolation of *Sporothrix Schenckii* in an Immunocompromised Patient. A Case Report. *Rev. Cienc. Médicas Cienfuegos* 2014, 12, 662–669.
61. Rojas, F.D.; Fernández, M.S.; Lucchelli, J.M.; Lombardi, D.; Malet, J.; Vetrivano, M.E.; Cattana, M.E.; de los Ángeles Sosa, M.; Giusiano, G. Cavitary Pulmonary Sporotrichosis: Case Report and Literature Review. *Mycopathologia* 2017, 182, 1119–1123.
62. Etchecopaz, A.; Toscanini, M.A.; Gisbert, A.; Mas, J.; Scarpa, M.; Iovannitti, C.A.; Bendezú, K.; Nusblat, A.D.; Iachini, R.; Cuestas, M.L. *Sporothrix brasiliensis*: A review of an emerging south american fungal pathogen, its related disease, presentation and spread in Argentina. *J. Fungi* 2021, 7, 170.
63. Córdoba, S.; Isla, G.; Szusz, W.; Vivot, W.; Hevia, A.; Davel, G.; Canteros, C.E. Molecular identification and susceptibility profile of *Sporothrix schenckii* sensu lato isolated in Argentina. *Mycoses* 2018, 61, 441–448.
64. Picollo, M.; Epelbaum, C.; Bustos, A.C.; Carnovale, S.; Rosanova, M.T. Lymphocutaneous sporotrichosis in a pediatric patient, a case report. *Rev. Chil. Infectol.* 2021, 38, 811–815.
65. Alzuguir, C.L.C.; Pereira, S.A.; Magalhães, M.A.F.M.; Almeida-Paes, R.; Freitas, D.F.S.; Oliveira, L.F.A.; Pimentel, M.I.F. Geo-epidemiology and socioeconomic aspects of human sporotrichosis in the municipality of Duque de Caxias, Rio de Janeiro, Brazil, between 2007 and 2016. *Trans. R. Soc. Trop. Med. Hyg.* 2020, 114, 99–106.
66. Almeida-Paes, R.; de Oliveira, M.M.E.; Freitas, D.F.S.; do Valle, A.C.F.; Zancopé-Oliveira, R.M.; Gutierrez-Galhardo, M.C. Sporotrichosis in Rio de Janeiro, Brazil: *Sporothrix brasiliensis* Is Associated with Atypical Clinical Presentations. *PLoS Negl. Trop. Dis.* 2014, 8, e309.
67. Freitas, D.F.S.; do Valle, A.C.F.; da Silva, M.B.T.; Campos, D.P.; Lyra, M.R.; De Souza, R.V.; Veloso, V.G.; Zancopé-Oliveira, R.M.; Bastos, F.I.; Galhardo, M.C.G. Sporotrichosis: An Emerging Neglected Opportunistic Infection in HIV-Infected Patients in Rio de Janeiro, Brazil. *PLoS Negl. Trop. Dis.* 2014, 8, e3110.
68. Freitas, D.F.S.; de Siqueira Hoagland, B.; do Valle, A.C.F.; Fraga, B.B.; de Barros, M.B.; de Oliveira Schubach, A.; de Almeida-Paes, R.; Cuzzi, T.; Rosalino, C.M.V.; Zancopé-Oliveira, R.M.;

- et al. Sporotrichosis in HIV-infected patients: Report of 21 cases of endemic sporotrichosis in Rio de Janeiro, Brazil. *Med. Mycol.* 2012, 50, 170–178.
69. Arinelli, A.; Aleixo, A.L.Q.D.C.; Freitas, D.F.S.; Valle, A.C.F.D.; Almeida-Paes, R.; Gutierrez-Galhardo, M.C.; Curi, A.L.L. Ocular Sporotrichosis: 26 Cases with Bulbar Involvement in a Hyperendemic Area of Zoonotic Transmission. *Ocul. Immunol. Inflamm.* 2020, 28, 764–771.
 70. Pereira, M.A.; Freitas, R.J.; Nascimento, S.B.; Pantaleão, L.; Vilar, E.G. Sporotrichosis: A Clinicopathologic Study of 89 Consecutive Cases, Literature Review, and New Insights About Their Differential Diagnosis. *Am. J. Dermatopathol.* 2020, 42, 751–755.
 71. Rocha, I.D.C.B.; Della Terra, P.P.; de Oliveira, R.C.; Zanotti, R.L.; Falqueto, A.; de Camargo, Z.P.; Rodrigues, A.M.; Goncalves, S.S. Molecular-based assessment of diversity and population structure of *Sporothrix* spp. clinical isolates from Espírito Santo-Brazil. *Mycoses* 2021, 64, 420–427.
 72. Caus, A.L.O.; Zanotti, R.L.; Faccini-Martínez, Á.A.; Paterlini, G.V.; Falqueto, A. Epidemiological and clinical aspects of sporotrichosis in Espírito Santo State, southeast Brazil: A study of three decades (1982–2012). *Am. J. Trop. Med. Hyg.* 2019, 100, 706–713.
 73. Poester, V.R.; Mattei, A.S.; Madrid, I.M.; Pereira, J.T.B.; Klafke, G.B.; Sanchotene, K.O.; Brandolt, T.M.; Xavier, M.O. Sporotrichosis in Southern Brazil, towards an epidemic? *Zoonoses Public Health* 2018, 65, 815–821.
 74. Benvegnú, A.M.; Dallazzem, L.N.D.; Chemello, R.M.L.; Beber, A.A.C.; Chemello, D. Case series of sporotrichosis at a teaching hospital in Brazil. *Rev. Soc. Bras. Med. Trop.* 2020, 53, e20190509.
 75. Grisolia, J.C.; Santos, L.A.; Coelho, L.M.L.; Silva, R.R.; de Camargo, Z.P.; Velloso, T.R.G.; Coelho, L.F.; Chavasco, J.K.; Malaquias, L.C.C. Seroepidemiological survey on sporotrichosis-infection in rural areas of the south of Minas Gerais State, Brazil. *Braz. J. Microbiol.* 2021, 52, 41–47.
 76. Filho, J.E.; dos Santos, I.B.; Reis, C.M.S.; Patané, J.S.L.; Paredes, V.; Bernardes, J.P.R.A.; Poggiani, S.D.S.C.; Castro, T.D.C.B.; Gomez, O.M.; Pereira, S.A.; et al. A novel *Sporothrix brasiliensis* genomic variant in Midwestern Brazil: Evidence for an older and wider sporotrichosis epidemic. *Emerg. Microbes Infect.* 2020, 9, 2515–2525.
 77. Marques, G.F.; Martins, A.L.G.P.; Sousa, J.M.P.; Brandão, L.S.G.; Wachholz, P.A.; Masuda, P.Y. Characterization of sporotrichosis cases treated in a dermatologic teaching unit in the State of São Paulo-Brazil, 2003–2013. *Bras. Dermatol.* 2015, 90, 273–275.
 78. Veasey, J.; Neto, M.; Ruiz, L.; Zaitz, C. Clinical and laboratory profile of urban sporotrichosis in a tertiary hospital in the city of São Paulo. *Bras. Dermatol.* 2021, 96, 243–245.

79. Ferreira, L.C.; Barroso, P.F.; Tonomura, E.; Akiti, T.; Rodrigues, K.M. Osteomyelitis caused by *Sporothrix schenckii* in an immunocompetent patient. *Rev. Soc. Bras. Med. Trop.* 2016, 49, 527–529.
80. Matos, A.M.F.; Moreira, L.M.; Barczewski, B.F.; De Matos, L.X.; De Oliveira, J.B.V.; Pimentel, M.I.F.; Almeida-Paes, R.; Oliveira, M.G.; Pinto, T.C.A.; Lima, N.; et al. Identification by MALDI-TOF MS of *Sporothrix brasiliensis* Isolated from a Subconjunctival Infiltrative Lesion in an Immunocompetent Patient. *Microorganisms* 2020, 8, 22.
81. do Monte Alves, M.; Pipolo Milan, E.; da Silva-Rocha, W.P.; Soares de Sena da Costa, A.; Araújo Maciel, B.; Cavalcante Vale, P.H.; de Albuquerque, P.R.; Lopes Lima, S.; Salles de Azevedo Melo, A.; Messias Rodrigues, A.; et al. Fatal pulmonary sporotrichosis caused by *Sporothrix brasiliensis* in Northeast Brazil. *PLoS Negl. Trop. Dis.* 2020, 14, e0008141.
82. Xavier, J.R.B.; Waller, S.B.; Osório, L.D.G.; Vives, P.S.; Albano, A.P.N.; de Aguiar, E.S.V.; Ferreira, M.R.A.; da Conceição, F.R.; de Faria, R.O.; Meireles, M.C.A.; et al. Human sporotrichosis outbreak caused by *Sporothrix brasiliensis* in a veterinary hospital in Southern Brazil. *J. Mycol. Med.* 2021, 31, 101163.
83. de Sá Menezes Carvalho, G.; Verrinder Veasey, J. Immunoreactive cutaneous sporotrichosis. *Bras. Dermatol.* 2020, 95, 737–739.
84. Lacerda Filho, A.M.; Cavalcante, C.M.; Da Silva, A.B.; Inácio, C.P.; de Lima-Neto, R.G.; De Andrade, M.C.L.; Magalhães, O.M.C.; Dos Santos, F.D.A.G.; Neves, R.P. High-Virulence Cat-Transmitted Ocular Sporotrichosis. *Mycopathologia* 2019, 184, 547–549.
85. de Moura Barros, N.; de Souza Pessoa, A.; Martins Brotas, A. Systemic sporotrichosis in an alcoholic patient. *Bras. Dermatol.* 2020, 95, 376–378.
86. Lemes, L.R.; Veasey, J.V.; Soutto-Mayor, S.; Contin-Proença, C. Ocular involvement in sporotrichosis: Report of two cases in children. *Bras. Derm.* 2021, 96, 349–351.
87. Henckens, N.F.T.; Rovers, J.F.J.; van Dommelen, L.; Bovenschen, H.J. Can cats cause colossal contagious cutaneous carbuncles? *Derm. Online J.* 2021, 27.
88. Lora Barraza, L.; Bissoli Tolomelli, J.; Graça Cunha, C.; Bernardes Filho, F.; Towersey, L.; Hay, R.; Casz Schechtman, R.; da Costa Nery, J.A. Facial Cutaneous Sporotrichosis in a Boy. *J. Emerg. Med.* 2019, 56, 222–223.
89. de Freitas Valente, M.; Bertazzoli Diogo, A.; Culau Merlo, V.F.; Pereira Pegas, J.R. Disseminated cutaneous sporotrichosis: Unusual presentation in an alcoholic patient. *Rev. Inst. Med. Trop. São Paulo* 2020, 62, e60.
90. Crestani, L.; de Castro e Souza, B.; Kakizaki, P.; Sakai-Valente, N.Y. Therapeutic failure with itraconazole in sporotrichosis due to bariatric surgery. *Bras. Derm.* 2020, 95, 241–243.

91. Arantes-Ferreira, G.S.; Watanabe, A.L.C.; Trevizoli, N.C.; Jorge, F.M.F.; Cajá, G.O.N.; Diaz, L.G.G.; Meireles, L.P.; Araújo, M.C.C.L. Disseminated Sporotrichosis in a Liver Transplant Patient: A Case Report. *Transpl. Proc.* 2019, 51, 1621–1624.
92. Fichman, V.; Valle, A.C.F.D.; de Macedo, P.M.; Freitas, D.F.S.; Oliveira, M.M.E.; Almeida-Paes, R.; Gutierrez-Galhardo, M.C. Cryosurgery for the treatment of cutaneous sporotrichosis in four pregnant women. *PLoS Negl. Trop. Dis.* 2018, 12, e0006434.
93. Biancardi, A.L.; Freitas, D.F.; Vitor, R.D.; Andrade, H.B.; de Oliveira, M.M.; do Valle, A.C.; Zancopé-Oliveira, R.M.; Galhardo, M.C.; Curi, A.L. Multifocal choroiditis in disseminated sporotrichosis in patients with HIV/AIDS. *Retin. Cases Brief Rep.* 2017, 11, 67–70.
94. Fischman-Gompertz, O.; Rodrigues, A.M.; Fernandes, G.F.; Bentubo, H.D.L.; Pires de Camargo, Z.; Petri, V. Atypical Clinical Presentation of Sporotrichosis Caused by *Sporothrix globosa* Resistant to Itraconazole. *Am. J. Trop. Med. Hyg.* 2016, 94, 1218–1222.
95. Aparecida-Grazziotin, N.; Gonçalves, I.L.; Todeschini, D.; Graziotin-Vedana, L.; Canello-Todeschini, C.M.; Graziotin, C. Squamous cell carcinoma subsequent to scarring caused by sporotrichosis: A case report. *Rev. Iberoam. Micol.* 2019, 36, 83–85.
96. Ribeiro, B.N.; Ribeiro, R.N.; Penna, C.R.; Frola, A.C. Bone involvement by *Sporothrix schenckii* in an immunocompetent child. *Pediatr. Radiol.* 2015, 45, 1427–1440.
97. Freitas, D.F.; Santos, S.S.; Almeida-Paes, R.; de Oliveira, M.M.; do Valle, A.C.; Gutierrez-Galhardo, M.C.; Zancopé-Oliveira, R.M.; Nosanchuk, J.D. Increase in virulence of *Sporothrix brasiliensis* over five years in a patient with chronic disseminated sporotrichosis. *Virulence* 2015, 6, 112–120.
98. Nassif, P.W.; Granado, I.R.; Ferraz, J.S.; Souza, R.; Nassif, A.E. Atypical presentation of cutaneous sporotrichosis in an alcoholic patient. *Dermatol. Online J.* 2012, 18, 12.
99. Falqueto, A.; Bravim-Maifrede, S.; Araujo-Ribeiro, M. Unusual clinical presentation of sporotrichosis in three members of one family. *Intern. J. Dermatol.* 2012, 51, 434–438.
100. Marques-de-Macedo, P.; Sztajnbock, D.C.N.; Camargo, Z.P.; Rodrigues, A.M.; Lopes-Bezerra, L.M.; Bernardes-Engemann, A.R.; Orofino-Costa, R. Dacryocystitis due to *Sporothrix brasiliensis*: A case report of a successful clinical and serological outcome with low-dose potassium iodide treatment and oculoplastic surgery. *Br. J. Dermatol.* 2015, 172, 1116–1119.
101. Fichman, V.; Saraiva-Freitas, D.F.; Marques-de-Macedo, P.; Francesconi-do-Valle, A.C.; Almeida-Silva, F.; Zancopé-Oliveira, R.M.; Almeida-Paes, R.; Gutierrez-Galhardo, M.C. Sporotrichosis After Tattooing Caused by *Sporothrix*. *Bras. Myopathol.* 2022, 187, 137–139.
102. Nepomuceno Araújo, M.J.C.L.; Nihei, C.H.; Rodrigues, A.M.; Higashino, H.; Ponzio, V.; Campos Pignatari, A.C.; Barcellos, M.A.; Braga, O.; Duayer, I.F. Case Report: Invasive Sinusitis due to

- Sporothrix Brasiliensis in a Renal Transplant Recipient. *Am. J. Trop. Med. Hyg.* 2021, 105, 1218–1221.
103. Lima, M.A.; Vallier, R.; Silva, M.M. *Sporothrix brasiliensis* meningitis in an immunocompetent patient. *Pract. Neurol.* 2021, 21, 241–242.
 104. Veasey, J.V.; Carvalho, G.S.M.; Ruiz, L.R.B.; Neves-Neto, M.F.; Zaitz, C. Epidemiological and geographical distribution profile of urban sporotrichosis in the city of São Paulo. *Bras. Derm.* 2022, 97, 228–230.
 105. Antonio, L.D.F.; Pimentel, M.I.F.; Lyra, M.R.; Madeira, M.D.F.; Miranda, L.D.F.C.; Paes, R.A.; Brito-Santos, F.; Carvalho, M.H.G.F.; Schubach, A.D.O. *Sporothrix schenckii* Sensu Lato identification in fragments of skin lesion cultured in NNN medium for differential diagnosis of cutaneous leishmaniasis. *Diagn. Microbiol. Infect. Dis.* 2017, 87, 118–120.
 106. Rodrigues, A.M.; de Hoog, S.; de Camargo, Z.P. Emergence of pathogenicity in the *Sporothrix schenckii* complex. *Med Mycol.* 2013, 51, 405–412.
 107. Alvarado, Z.; Pereira, C. Fungal diseases in children and adolescents in a referral centre in Bogota, Colombia. *Mycoses* 2018, 61, 543–548.
 108. Macías, P.; Ordóñez, J.; Arenas, C.M.; Rodríguez, G. An eighteen-year-old man with tropical verrucous syndrome: Leishmaniasis vs, sporotrichosis. *Biomedica* 2021, 41, 240–246.
 109. Arenas-Soto, C.M.; Téllez-Kling, A.M.; Alvarado-Álvarez, Z.L. A Lesion on the Ear Resulting From Infection Acquired in the Tropics. *Actas Dermosifiliogr.* 2016, 107, 599–600.
 110. Niklitschek, S.; Porras, N.; González, S.; Romero, W. Sporotrichosis. *Med. Clin.* 2015, 145, 418.
 111. Cruz, R.; Vieille, P.; Oschilewski, D. *Sporothrix globosa* isolation related to a case of lymphocutaneous sporotrichosis. *Rev. Chil. Infectol.* 2012, 4, 401–405.
 112. Cruz-Choappa, R.M.; Vieille-Oyarzo, P.I.; Carvajal-Silva, L.C. Aislamiento de *Sporothrix pallida* complex en muestras clínicas y ambientales de Chile. *Rev. Argent Microbiol.* 2014, 46, 311–314.
 113. García Duarte, J.M.; Wattiez Acosta, V.R.; Fornerón Viera, P.M.L.; Aldama Caballero, A.; Gorostiaga Matiauda¹, G.A.; Rivelli de Oddone, V.B.; Pereira Brunelli, J.G. Sporotrichosis transmitted by domestic cat. A family case report. *Rev. Del. Nacional.* 2017, 9, 67–76.
 114. Aguilar Fernández, G.; Araújo López, V. Mycosis and nocardiosis implantation: Sporotrichosis, Chromoblastomycosis, Mycetomas and Nocardiosis. Casuistics in the Central Laboratory of Public Health, Paraguay, period 1997–2019. *Rev. Nac.* 2020, 12, 1–13.
 115. Ramirez-Soto, M.; Lizarraga-Trujillo, J. Granulomatous sporotrichosis: Report of two unusual cases. *Rev. Chil. Infectol.* 2013, 5, 548–553.

116. Ramírez-Soto, M.C. Sporotrichosis in the Ocular Adnexa: 21 Cases in an Endemic Area in Peru and Review of the Literature. *Am. J. Ophthalmol.* 2016, 162, 173–179.e3.
117. Ramírez-Soto, M.C.; Malaga, G. Subcutaneous mycoses in Peru: A systematic review and meta-analysis for the burden of disease. *Int. J. Dermatol.* 2017, 56, 1037–1045.
118. Ramírez-Soto, M.C.; Andagua-Castro, J.; Lizárraga-Trujillo, J. Palpebral sporotrichosis in a 6-year-old child. *Int. J. Dermatol.* 2016, 55, e625–e626.
119. Wolff, D.; Feldt, T.; Reifenberger, J.; Sebald, H.; Bogdana, C. The brief case: Cutaneous sporotrichosis in an immunocompetent patient after travel to Peru. *J. Clin. Microbiol.* 2018, 56, e01958-17.
120. Rueda, M.; Torres, N.; Bravo, F. Disseminated cutaneous sporotrichosis: An unusual case. *Derm. Online J.* 2018, 24.
121. Oyarce, J.A.; García, C.; Alave, J.; Bustamante, B. Epidemiological clinical and laboratory characterization of sporotrichosis in patients of a tertiary care hospital in Lima, Peru, from 1991 to 2014. *Rev. Chil. Infectol.* 2016, 3, 315–321.
122. Schwalb, A.; Carcamo, P.M.; Seas, C. Lymphocutaneous Sporotrichosis. *Am. J. Trop. Med. Hyg.* 2022, 106, 758–759.
123. Solorzano, S.; Ramirez, R.; Cabada, M.M.; Montoya, M.; Cazorla, E. Disseminated cutaneous sporotrichosis with joint involvement in a woman with type 2 diabetes. *Rev. Peru Med. Exp. Salud Publica* 2015, 32, 187–190.
124. Cabeza, E.; Arrillaga, A.; Dalcín, L.; Carbia, M.; Arteta, Z.; Perera, P. Clinical and Epidemiological Characteristics of Sporotrichosis in Reference Center of Uruguay. *J. Fungi* 2022, 8, 322.
125. Barreto, L.; Velásquez, G.; Mendoza, M.; Camacho, E.; Goncalves, E.; Rodríguez, S.; Niño-Vega, G.A. Geographical distribution and ecological niche modeling of the etiological agents of human sporotrichosis in Venezuela. *Braz. J. Microbiol.* 2021, 52, 63–71.
126. Mata-Essayag, S.; Delgado, A.; Colella, M.T.; Landaeta-Nezer, M.E.; Rosello, A.; de Salazar, C.P.; Olaizola, C.; Hartung, C.; Magaldi, S.; Velasquez, E. Epidemiology of sporotrichosis in Venezuela. *Int. J. Dermatol.* 2013, 52, 974–980.
127. Martínez-Méndez, D.; Hernández-Valles, R.; Alvarado, P.; Mendoza, M. Mycoses In Venezuela: Working Groups in Mycology Reported Cases (1984–2010). *Rev. Iberoam. Micol.* 2013, 30, 39–46.
128. Camacho, E.; León-Navarro, I.; Rodríguez-Brito, S.; Mendoza, M.; Niño-Vega, G.A. Molecular epidemiology of human sporotrichosis in Venezuela reveals high frequency of *Sporothrix globosa*. *BMC Infect Dis.* 2015, 15, 94.

129. Orofino-Costa, R.; Marques-de-Macedo, P.; Messias-Rodrigues, A.; Bernardes-Engemann, A.R. Sporotrichosis: An update on epidemiology, etiopathogenesis, laboratory and clinical therapeutics. *Bras. Dermatol.* 2017, 92, 606–620.
130. Rimma, Z.; Hernández Hernández, F. Sporotrichosis: The most frequent subcutaneous mycosis in Mexico. *Rev. Fac. Med.* 2019, 62, 48–55.
131. Chakrabarti, A.; Bonifaz, A.; Gutierrez-Galhardo, M.C.; Mochizuki, T.; Li, S. Global epidemiology of sporotrichosis. *Med. Mycol.* 2015, 53, 3–14.

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