Objective
Subcutaneous fungal infections often develop following a penetrating wound through the skin. The etiological agents are usually soil fungi or plant material decomposers. Mycetoma and chromoblastomycosis are common in subtropical and tropical regions of the world but rare in Europe where subcutaneous infections have a different epidemiology. This work aims to evaluate the epidemiology of cutaneous and subcutaneous infections diagnosed in our laboratory during 5 years.

Methods
A retrospective analysis was done to the cases of cutaneous and/or subcutaneous infections received for mycological examination at the Portuguese National Reference Laboratory between 2013 and 2017. All cases with positive culture from abscess drainage, skin biopsy, or subcutaneous tissue samples without dissemination or deep organ involvement were included. Dimorphic fungi were excluded. Collected data included clinical presentation, underlying disease, age, gender, and area of residence. Isolates were identified according to their macro and microscopic features. Total genomic DNA was extracted from purified colonies and the internal transcribed spacer (ITS) region of ribosomal DNA (rDNA) of these isolates were amplified using the primer set ITS1 and ITS4.

Results
Fifteen cases of cutaneous and/or subcutaneous infections were diagnosed and analyzed (gender distribution: 8 male, 7 female). The patients’ average age was 62 years old and the median age was 69 years old. An underlying immunodepression was present in 40% of the cases (N=6); In 53% of the cases (N=8) the patients had no underlying disease and 7% (N=1) had chronic hepatic disease. Five patients had story of skin injury. Clinical manifestations of the cutaneous and/or subcutaneous lesions were: nodules, abscesses, or infiltrated plaques, observed in distal body areas (Table 1).

Eight different fungal genera were identified from the cultures obtained: Alternaria (N=2), Aspergillus (N=1), Fusarium (N=1), Saksenaea (N=1), Scedosporium (N=2), Schizophillum (N=1), Trichophyton (N=2), and Thichosporon (N=1) (Table 1).

Conclusion
Immunosuppressive drug therapy and advanced age are two major factors associated to the risk increase of acquiring subcutaneous fungal infections. There is also an emergence of new fungal species implicated as aetiological agents. Thus, infectious diseases physicians should suspect of fungal infection when observing cutaneous and/or subcutaneous wounds.