Disseminated *Penicillium marneffei* infection contracted in China

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**Abstract**

*Penicillium marneffei* infection is a rare fungal disease that causes significant diseases in immunosuppressed patients. The geographical distribution of this dimorphic fungus is restricted to Asia, Southeast and Far East, where the disease is considered as an indicator of acquired immunodeficiency syndrome (AIDS).

**Objectives**

- To point out the importance to know the travel history of a patient
- To suggest a systematic detection of *P. marneffei* in AIDS patients with pulmonary disease

**Results**

**Laboratory findings**

- Bronchoalveolar lavage fluid (BAL)

**Microscopic examination** of the BAL fluid performed after Giemsa staining and Gram staining reported the presence of numerous intracellular microorganisms. Gomori methamine staining was also performed to identify the agent (Figures 2-4).

**Bacteriological and fungal cultures**. Fungal cultures performed on Sabouraud agar medium showed after 48hs at 28°C the development of a filamentous fungus and the apparition of a red pigment within the medium after 4 days. The fungus was identified as *Penicillium marneffei* (Figure 5).

**Mycobacterial cultures**. Microscopic examination of 3 respiratory samples and cultures were negative.

**Blood cultures**

Blood cultures performed on BacT/Alert (BioMerieux, France) and incubated at 35°C were positive after 48hs. The microscopic examination of a Gram stained smear revealed the presence of sepalate filaments. The subculture performed on Sabouraud agar medium showed the development of *P. marneffei*.

**Conclusions**

- The patient who was questioned again after the first laboratory findings reported one month travel in South China.
- Treatment. Amphotericin B was administrated (0.6 mg/kg/d) for 2 weeks followed by oral itraconazole (200 mg/d). Dramatic improvement (clinical and biological) was observed after 2 weeks of Amphotericin B. Abdominal and thoracic scan indicated regression of enlarged lymph nodes. She was discharged from the hospital under maintenance therapy of 200 mg/d Itraconazole.

**References**