

Jorge Lobo's disease with restricted labial presentation

Doença de Jorge Lobo de localização labial exclusiva

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Abstract: Jorge Lobo's Disease (JLD) is a chronic granulomatous cutaneous mycosis caused by *Lacazia loboi*. The most typical lesions are keloid-like growths preferentially located on limbs and ears. To the best of the authors' knowledge, only one labial case has previously been reported. We describe the case of a man who presented with a left-sided papulonodular lesion of 10 years' duration on the vermilion border of the upper lip. A successful surgical resection of the lesion was performed and there was no recurrence in eight years of follow-up.

Keywords: Blastomycosis; Granulomatous disease, chronic; Pathology; Skin

Resumo: Doença de Jorge Lobo (DJL) é infecção granulomatosa cutânea crônica produzida pelo fungo *Lacazia loboi*, cujas lesões mais típicas têm aspecto queloidiano, com localizações preferenciais em membros e orelhas. As lesões restringem-se à pele, havendo apenas uma referência, do conhecimento dos autores, à localização em semimucosa labial. Apresenta-se caso de doença de Jorge Lobo em paciente masculino, com lesão papulonodular no vermelhão do lábio superior, à esquerda, de dez anos de evolução, exitosamente submetida a tratamento cirúrgico, sem recidiva após oito anos.

Palavras-chave: Blastomicose; Doença granulomatosa crônica; Patologia; Pele

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FIGURE 1: Papulonodular lesion on the upper vermillion border of the upper lip extending slightly onto the skin

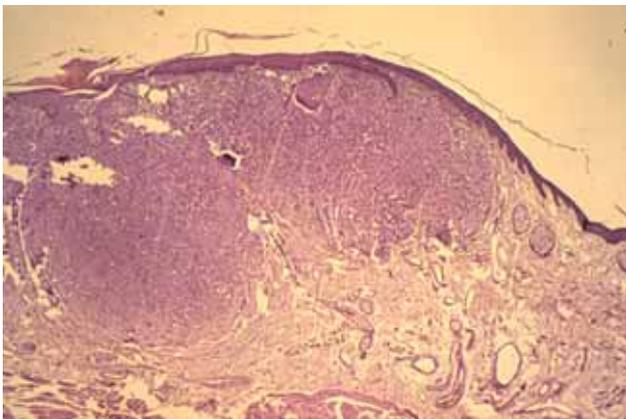


FIGURE 2: Histopathological examination of the surgical specimen (one of the margins is visible). Nodular granulomatous infiltrate in the dermis with free lateral and deep margins (H-E, original magnification 40x)

A 55-year-old, retired, male, dark-skinned farmer (Acará, PA) who had lived in Belém (PA) for 36 years presented in 1998 with a mildly pruriginous lesion on the upper lip of 10 years' duration. The lesion, which was located on the left of the upper lip, was dome-shaped and papulonodular, measured 1.0 cm and had a central depression and firm consistency. Jorge Lobo's disease (JLD) was confirmed by direct and histopathological examination. General clinical tests and additional tests requested (complete blood count; ESR; blood glucose level; glycosylated hemo-

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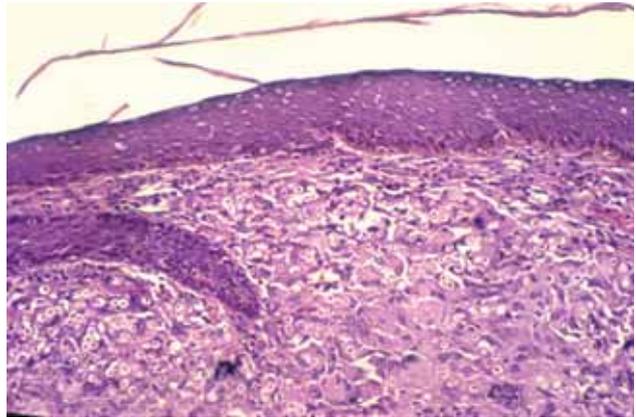


FIGURE 3: Giant cell-rich histiocytic granuloma with abundant yeast in a catenulate arrangement (H-E, original magnification 200x)



FIGURE 4: Photograph taken four months after the operation showing that the patient is clinically cured

globin; serum levels of immunoglobulins and complement; anti-HIV antibodies; cell immunology; and urinalysis) did not show any alterations worthy of note. A wedge excision of the lesion was performed. Surgical margins were clear and there was no recurrence of the lesion in eight years.

JLD is a chronic granulomatous infection produced by the yeast-like fungus *Lacazia loboi*¹ that primarily affects farm laborers between the ages of 21 and 40 years.² To the authors' knowledge, there is only one case of a patient with a lesion on the lip among the 490 cases recorded worldwide up to 2006.^{3,4} □

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