Visceral basidiobolomycosis

Sir,

The report on 'visceral basidiobolomycosis (VB)' is very interesting.[1] Mandhan *et al*. concluded that 'VB is rare and aggressive, fungal disease in a paediatric population of tropical and subtropical regions',[1] and 'it usually presents atypically; hence, it should be included as one of the differential diagnoses in children with abdominal sepsis'.[1] In fact, VB is a deadly fungal infection and diagnosis is usually difficult. Mandhan *et al*. mentioned for the requirement of surgical biopsy to yield diagnosis.[1] It should be noted that VB is usually overlooked. El-Shabrawi and Kamal noted that 'diagnosis requires a high index of suspicion in the differential diagnosis of patients with fever, abdominal pain with mass and eosinophilia'.[2] An important concern is on the diagnosis. The confirmation is usually based on specific fungal culture of the derived surgical specimen, which might not be available in some settings. In fact, there are also other alternative diagnostic tools. In cases with suspicious findings (fever, abdominal mass and eosinophilia), the immunological test might be helpful. Immunodiffusion test is the best example.[3,4] Imwidthaya and Srimuang noted that 'this test was found to be practical, sensitive and specific'.[3] Finally, it should also be noted that polymerase chain reaction for diagnosis was also recently developed.[5]

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Access this article online	
Quick Response Code:	Website: www.afrjpaedsurg.org
	DOI: 10.4103/0189-6725.187827

Cite this article as: Joob B, Wiwanitkit V. Visceral basidiobolomycosis. Afr J Paediatr Surg 2016;13:158.