De pseudobromuriden van brocq, pautrier en fernet, een vorm van blastomycose
Beintema, Kornelis

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Op grond van haar schijnen de Blasto-

eae, waarom ik m y c e s, dat o t a-

gangsvormen tus-

gebruiken. Ik wil

genus T r i c h o-
deed. Deze naam

genus" aan te

in de ziektever-
noorzaakt. (Andere

der genera A c h o-
r.) Hoewel ik een

verwarrend om den

voor een nieuw

andere kenmerken

om o t a's voorstel

nuus" voorloopig het

door die schimmels,

e B l a s t o s p o-

rocqii genoemd,

eent ziektebeeld het

odiumzouten geïndi-

d van Dr. Goedhart

ev veelheden jood-

gebruik van kleine

iet eerst tot stand

zelf aanwezig is,

teutsche successen

teperiode bij mijn

ezing heeft bevorr-

atrophische, witte

litteekens, voorzien van kleine intrekkingen, zooals ook Neuber

beschrijft bij het door hem waargenomen geval van blastomycose.

Alle bekende mycosesevormen werden uitvoerig nagegaan, om

uit te maken, of de ziekte van B r o c q, P a u t r i e r en F e r n e t soms

met een dezer aandoeningen overeenkomt. Het bleek echter, dat

aan deze ziekte een eigen plaats toekomt. Men zou deze aan-
doenig een "parendomycose" of "parendomycide" kunnen

noemen naar den naam, welke ik aan de gevonden schimmel

gaf. Ik ben er evenwel van overtuigd, dat iedere indeeling der

gistachtige microorganismen op het oogenblik nog als een

provisorische moet worden beschouwd, zoodat men beter doet,

de door deze parasieten veroorzaakte ziektebeelden nog niet

nie werden naar den thans geldende namen der schimmels. Ik stel

dan ook voor, de ziekte te blijven noemen: "pseudobromuriden

van B r o c q, P a u t r i e r en F e r n e t, een vorm van blastomycose."

Summary.

In connection with a case of the "pseudo-bromurides" of

B r o c q, P a u t r i e r, and F e r n e t observed by me, I have drawn

attention to this rare disease, of which B r o c q, after the first

publication in 1909, published three other cases, and of which

no other mention is made in the literature. The skin-eruptions

in this disease have at first a very typical form, which is clearly

seen in the photographs of my patient. These efflorescences

rapidly become larger, and change into serpiginous, peripherally

progressive, vast ulcers with a granular base. Among the granu-

lations there are openings, from which pus makes its appearance.

The skin affections remind one in the first place of those

which are sometimes seen to occur after the internal use of

bromides. Hence the name. However in the cases of B r o c q the

use of bromides or iodides could be excluded. This is also the

case with the patient observed by me. B r o c q further thought

most of an affection caused by staphylococci, or of a

systemic mycosis. B r o c q was able to raise various strains

of staphylococci from the pus, but no fungi. No staphylococci

could be raised from the blood. The histological aspect
of the affections at various stages showed no tubercu- 
culoid structure, as is seen in various cases of mycosis, 
but only symptoms of acute or sub-acute inflammation. The 
general condition of the patients is bad. Of the patients observed 
by Brocq three died. The issue of the fourth case is not known. 
In the case of my patient, who was in a very bad general 
condition, but who later recovered, it was also impossible to 
raise any fungi from the pus. The pus was likewise found to 
be free from staphylococci, when it was taken from new, closed 
efflorescences. The histological preparation from the eruptions 
showed symptoms of sub-acute or acute inflammation at all 
stages, with hyperplasia and downgrowth of the epidermis, and 
micro-abscesses. Tuberculoid structure, giant cells, or parasites 
could not be demonstrated in the preparations. I was however 
able to raise a yeast-like fungus from the blood.

On subcutaneous injection with killed culture-material from 
this fungus, the patient reacted with violent redness at the point 
of injection. A few days later an eruption broke out here, bearing 
great resemblance to the spontaneously occurring efflores- 
cences, and very soon differing from these in no respect whatever. 
In later tests the patient also invariably showed a violent reaction, 
and as a rule an eruption occurred of the same sort as the lesions 
which occurred spontaneously at the same period. A control 
person did not react to the same injections. The patient did not 
react to injections with killed culture-material from another 
fungus, a pathogenic Monilia strain. After her recovery the 
patient no longer reacted to the injections with the fungus raised 
from her own blood.

Complement fixing reactions with antigens prepared in various 
ways gave negative or not specific, slight positive reactions. It 
was impossible to apply agglutination tests, as I did not succeed 
in obtaining a good suspension of the fungus.

Subcutaneous inoculation with the fungus caused a large 
abscess to occur in a rabbit, in which it was possible to demonstr- 
strate fungus elements.

Yeast-like organisms were found in catheter urine. In the 
sputum mycelial threads and budding cells were observed. The
of mycosis, inflammation. The patients observed here is not known. Very bad general impossible to
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observed. The
physical examination of the chest suggested the existence of pulmonary tuberculosis. Animal tests with the sputum had, however, a negative result. Tuberculosis bacilli were not found in the sputum. The x-ray photo showed that there was somewhat more shadow on the right side than on the left.

Dr. Goedhart observed a patient at the Hague, who greatly resembled my case. Here, too, a bromo- or iododerma, or even a mycosis, was suspected. The first was shown by the past history to be out of the question. The test of the pus for fungi had a negative result. Only a number of staphylococcus strains were raised. The histological examination of the skin-lesions showed about the same aspect as in the case of my patient. This patient also had pulmonary affections but of a more serious nature. The symptoms suggested a pulmonary abscess. There were haemorrhagic sputa. A dense shadow was visible in the röntgen photo. In this case, also, mycelial threads and budding forms were found in the sputum. The presence of pulmonary affections with yeast-like fungi in the sputum suggested the possibility of a direct connection with the skin-eruptions. I did not succeed in isolating a fungus from the sputum of my patient which was certainly identical with that raised from the blood. This latter was however able to cause an affection in the case of a rabbit, after the animal had been given an intrapulmonary injection, which affection corresponded entirely with the one mentioned by Castellani as the result of an intrapulmonary injection with fungi which cause bronchomoniliasis. A similar affection developed in the case of another rabbit in the mediastinum. This animal developed after some time multiple cutaneous abscesses. Fungi were found in the lesions of lungs and mediastinum, but not in the cutaneous abscesses. The sick rabbit showed an allergic reaction following an injection with killed culture material in one ear, but not after an injection with another fungus, a Monilia strain. A healthy rabbit did not react to injections with the same fungi. The histological preparation of the lesions in the case of the rabbit showed no tuberculoid structure, but exclusively symptoms of acute and sub-acute inflammation, as in the case of both patients.
As in several cases of blastomycosis the primary focus is present in the lungs, there is a great probability, in this case of mine and in that of Dr. Goedhart, that here also, an affection very closely related to the bronchomycosis of Castellani was primarily present, after which the cutaneous eruptions broke out secondarily. The results of the tests on animals lend every support to this view. It does not follow from this that all cases of "pseudo-bronchomycosis" are secondary to a mycosis of the respiratory tract. The primary focus may also be situated elsewhere. The absence of demonstrable fungi suggests the possibility that the affection is to be regarded as the result of an allergic reaction of the skin on dead or weak fungus elements which have arrived there through the blood circulation, and which are in themselves only slightly virulent. A parallel may then be drawn between this affection and the tuberculides. A similar phenomenon is known with other mycoses (trichophytides, microsporides). The affections described might in that case be called "blastomycides". Just as in the case of the tuberculides the histological aspect of the lesions corresponds to a particular allergic condition of the skin, the same connection is possible here. By allergy any changed reactive capacity of the skin may be understood. The positive anergia, which as a rule is found with the miliary lupoides of Boeck, is thus also a form of allergy. This form, which manifests itself as a hypersensitive reaction, might be called "hyperergia", to distinguish it from the former. With tuberculides a predominance of acute inflammation symptoms is often accompanied by a "hyperergic" skin-reaction. A logical connection between the two is, as has been shown by various investigators, probable. It may obviously be assumed that the same connection exists between the strong "hyperergic" skin-reaction in the case of my patient, and the exclusive presence of acute inflammation symptoms in the histological preparation from the lesions, so that the absence of tuberculous structure and giant cells does not necessarily militate against the diagnosis blastomycosis.

The form of the fungus raised on various media is described in detail. The photographs appended speak for themselves. The fungus was found in forms and branches, and in some special media it was possible to asc...
he primary focus is on the possibility, in this case also, an affection of the respiratory system which is caused by mycoses of the respiratory system situated elsewhere. In this case, an affection of the respiratory system was also an affection of the respiratory system. The affected animals lend every indication that all cases of mycosis of the respiratory system situated elsewhere. The possibility that there is an allergic reaction among which have arrived animals which are in themselves not susceptible to this phenomenon is known as "blastomycides". The affected "blastomycides". The histological aspect of the condition of the skin was understood. The reaction might be termed "hyperergic" skin-reaction. A logical relation with the miliary eruption symptoms was shown by various authors. I assumed that the "hyperergic" skin-reaction has an exclusive presence of a pathological preparation of the skin. In a berculoid structure against the diagnosis of the disease, a miliary eruption is described for themselves. The fungus was found not to form ascii. It consists of budding forms and branched mycelial threads with septa. By means of some special methods of investigation, described in detail, it was possible to ascertain that the fungus forms arthrospores at the end and in the middle of the hyphae. Sugars are not fermented. Litmus whey becomes slowly acid. Milk is not clotted. Serum is not gelatine only slowly liquefied. In liquid media no surface film is formed. The fungus is only slightly pathogenic for animals. On the strength of its qualities it forms a transition between the Blastosporineae and the Arthrosporineae, for which reason I transfer it to the genus Paren domycyces, which ota suggested, in 1924, to be used for such transition forms between the two sub-orders mentioned. I do not wish to identify this genus with the genus Trichosporum, as ota did two years later. This name had till then been used for a "medical genus", the characters of which were based on the symptoms caused by the parasites in patients. (Other "medical genera" are, e.g., the genera Achorion, Epidermophyt on, and others.) Although I prefer a botanical classification, it seems to me to be confusing to employ the same name Trichosporum for a newly-created "botanical genus" which has quite different characters. I therefore consider it preferable, to retain the genus Paren domycyces for those fungi which, possessing yeast-like cells, mycelial threads, and arthrospores, form a transition between the Blastosporineae and the Arthrosporineae.

I have called the fungus Paren domycyces brocqii, in honour of the memory of the great dermatologist, who, together with his co-operators, first described the disease. Therapeutically iodides seem to me to be indicated in this disease, since both my patient and that of Dr. Goedhart recovered, mine after copious administration of sodium iodide per os, Dr. Goedhart's after the use of rather small doses of potassium iodide. These therapeutic successes proved that the effect of iodides is not produced only when a specific granulation tissue is present, as Stein considers. A vaccine was employed in the
later disease-period of my patient. To what extent this promoted
the process of recovery it is impossible to determine.

After recovery the patient showed atrophic, white scars, with
small retractions, as NEUBER also describes in the case of blasto-
mycosis observed by him.

All the known forms of mycosis were studied in detail, in order
to determine whether the disease of BROCC, PAUTRIER, and FERNET
might not be the same as one of these affections. It was found,
however, that this disease could claim a place of its own. This
affection might be called a "parenchymycosis" or "parenchym-
cide", from the name I have given to the fungus found. I am
however convinced that any classification of the yeast-like micro-
organisms at the moment must still be considered provisional, so
that it is better not as yet to name the diseases caused by these
parasites after the names of the fungi now in use. I therefore
propose to continue calling the disease "pseudo-bromurides of
BROCC, PAUTRIER and FERNET, a form of blastomycosis".