

## Scenario 2: Fungal consultation

This is an example of how a laboratory asked the NPHL for fungal consultation. NPHL received a “routine” message via STATPack from Lab Site 2 as follows:

**8/07/2005**

*From:* Lab Site 2

*Subject:* fungal colony

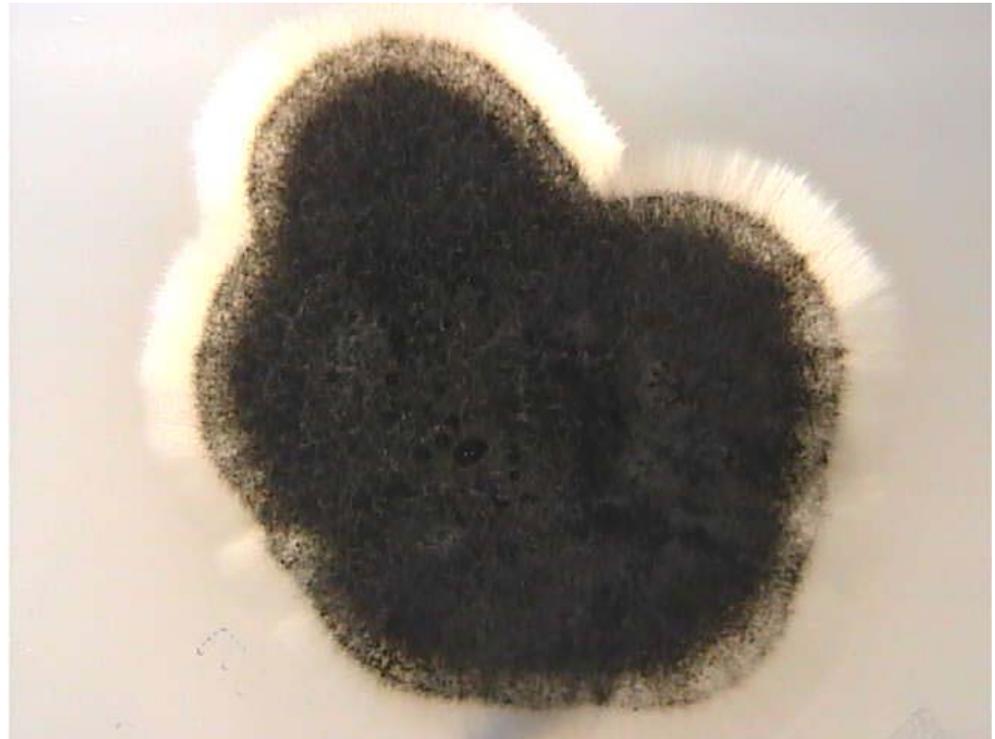
*Priority Level:* Routine

*Description Source:* lymph node

*Media:* sab

*Age of Culture:* 5 days

*Image Description:* I think this may be *Stachybotrys*. Also sending a picture of the LPCB. What say you? This is from an 11 y/o female. Pathology reported consistent with Cat Scratch lymphadenitis. Their stains for fungus and AFB were negative. This is the colony surface.



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*Description Source:* lymph node

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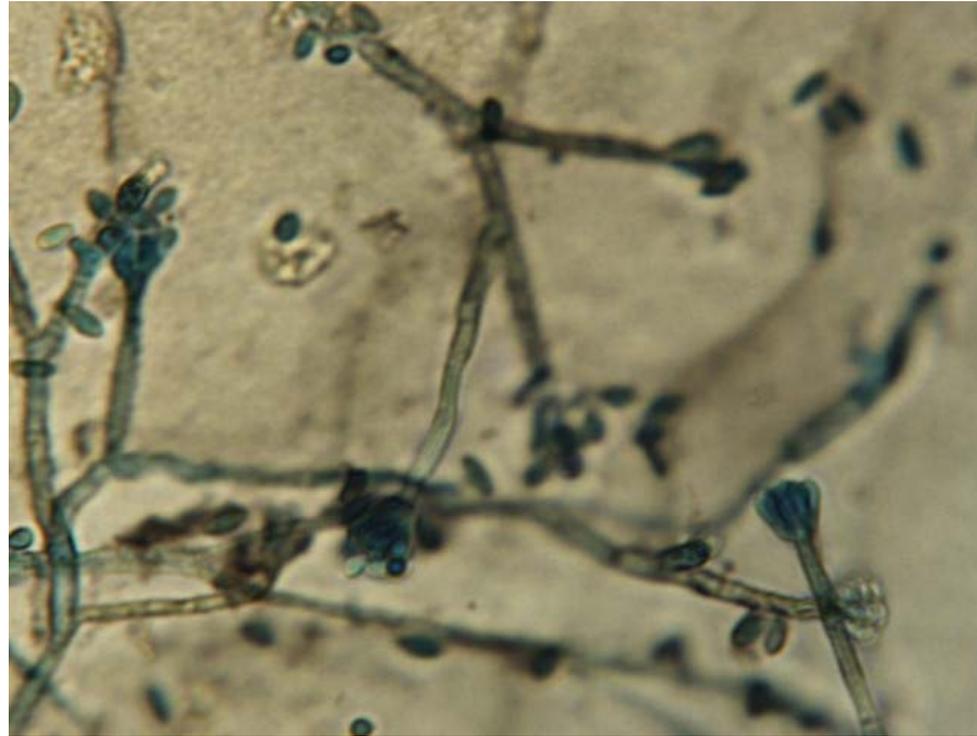
*Age of Culture:* 5 days

*Image Description:* **This is the reverse of the colony, just for color.**



**NPHL consulted with Dr. Peter Iwen, Associate Director, NPHL. He requested microscopic images. NPHL sent a message to Lab Site 2 who sent a couple of the lacto phenol cotton blue (LPCB) slide images.**

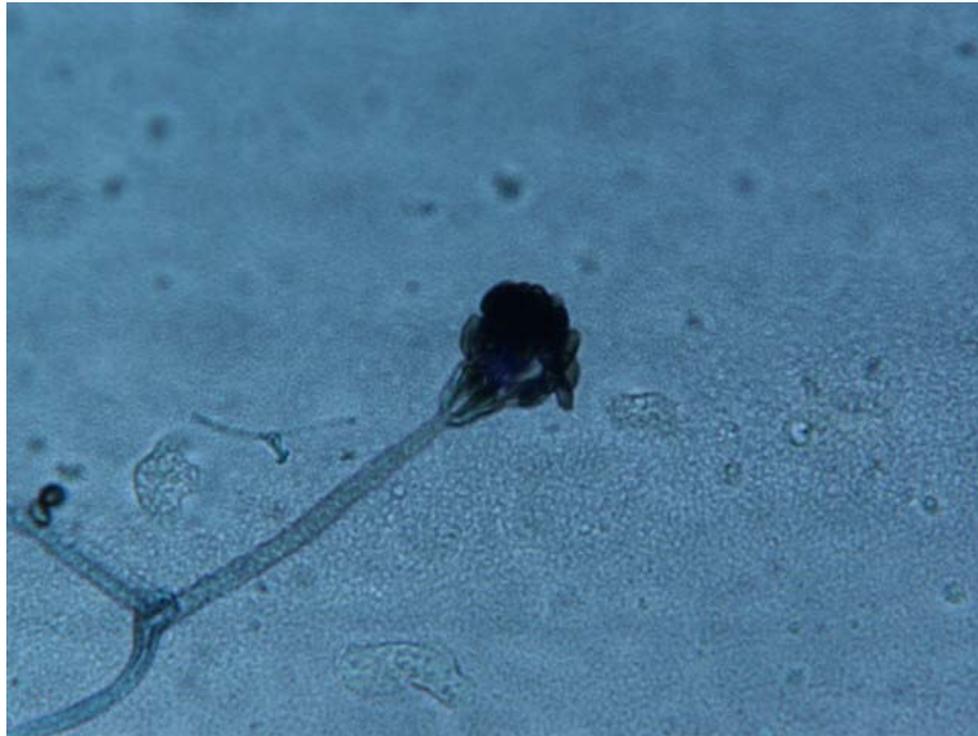
**8/08/2005**  
LPCB preparation #1



**8/08/2005**  
LPCB preparation #2



8/08/2005  
LPCB preparation #3



Dr. Iwen consulted with Lab Site #2 saying: These microscopic images indeed most closely resemble *Stachybotrys* species. The macroscopic image is not characteristic of the *Stachybotrys* I have seen, but since there are numerous species, it could very well represent one of them. *Stachybotrys* species have not been reported to my knowledge causing invasive disease and when found in a clinical sample, usually represents contamination. I would be interested to know if the lymph node had histopathology done and if so, were fungal hyphae seen in the tissue. I would suggest that if hyphae were seen in tissue, it might be worthwhile to consider doing a molecular sequence analysis of the isolate for ID purposes, since the ID using micro morphological methods is not very specific, especially when identifying species within this group.