Correspondence

Endemic Mycoses: Overlooked Diseases in China

To the Editor—We read with interest the review authored by Lortholary et al [1] that highlights the importance of endemic fungal infections as potential travel-related diseases. However, in the Asia-Pacific region, the high-risk area of endemic mycoses is elusive [2]. China, the fourth-largest country in the world, has become one of the world’s most popular tourist markets. We wish to draw attention to the fact that increasing number of cases of endemic mycoses have been reported in China. These mycoses include penicilliosis and histoplasmosis [3, 4].

To date, 668 cases of penicilliosis and 300 cases of histoplasmosis have been reported in China, most of which are autochthonous infections [3, 5]. Awareness of the geographic distribution of these diseases is valuable for preventing and diagnosing travel-associated infections in nonendemic areas. Infections due to *Penicillium marneffei* have been mostly reported from southern China, where Guangxi and Guangdong provinces accounted for >80% of the reported cases (Figure 1). Cao et al reported that in Guangxi province alone, nearly 16% patients with AIDS are infected with *P. marneffei* [4]. Although the potential source of infection is rodent species, particularly bamboo rats, the route of transmission of *P. marneffei* to humans is still unknown.

A geographic distribution analysis showed that histoplasmosis is also present throughout southern China [3]. This result was consistent with those of earlier epidemiologic investigations that

Figure 1. Geographic distribution of cases of penicilliosis and histoplasmosis reported in China (adapted from [3, 5]).
utilized histoplasmin skin test. It is noteworthy that most cases of histoplasmosis occurred in 9 provinces and regions through which the Yangtze River flows (Figure 1); Yunnan province accounted for >27% of the reported cases of histoplasmosis [3]. However, no outbreak of histoplasmosis occurred in China. China is not a classical endemic area of histoplasmosis and the ecologic niche for this infection remains unclear. This review provides a clue for physicians whose patients have resided in or traveled to these places in China.

In addition, 13 cases of coccidioidomycosis have been reported in China [6–10]. Unlike penicilliosis and histoplasmosis, most cases of coccidioidomycosis were reported in returning travelers [6]. Only 1 case patient was definitely known to have acquired infection within China, as he had never traveled outside the country. This patient had choked on water when diving into the sea in Hainan province, which may be the possible infective route [8]. No case of *Paracoccidioides* infection has been reported in China.

**Notes**

**Financial support.** This work was supported by a key project (AWS11L009) from Chinese Military Logistics.

**Potential conflicts of interest.** All authors: No reported conflicts.

All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

**Bo Pan,**1,2,3 **Shuwen Deng,**2,3 **Wangqing Liao,**2,3 and **Weihua Pan**1

1Department of Dermatology, Changzheng Hospital, Second Military Medical University; 2Institute of Medical Mycology; and 3Shanghai Key Laboratory of Molecular Medical Mycology, Shanghai, People’s Republic of China

**References**


Correspondence: Weihua Pan, MD, Department of Dermatology, Changzheng Hospital, 415 Fengyang Road, Shanghai, PR China (panweihua@medmail.com.cn).

**Clinical Infectious Diseases**

© The Author 2013. Published by Oxford University Press on behalf of the Infectious Diseases Society of America. All rights reserved. For Permissions, please e-mail: journals.permissions@oup.com.

DOI: 10.1093/cid/cit033