Sporotrichosis is an infection caused by a fungus called *Sporothrix schenckii*. It usually causes a skin infection, which is sometimes called “Rose gardener’s disease”. The fungus grows in the environment and can survive for months or years in soil, plants, wood, and other objects. Sporotrichosis occurs worldwide, particularly in warm, humid climates.

**Symptoms**
- The first symptom is usually a small painless bump resembling an insect bite. It can be red, pink, or purple in color. The bump (nodule) usually appears on the finger, hand, or arm where the fungus first enters through a break on the skin. This is followed by one or more additional bumps or nodules which open and may resemble boils. Eventually lesions look like open sores (ulcerations) and are very slow to heal.
- The first nodule may appear any time from 1 to 12 weeks after exposure to the fungus. Usually the nodules are visible within 3 weeks after the fungus enters the skin.
- Sporotrichosis usually only affects the skin. Rarely, the illness may spread throughout the body and affect other organs, but usually this only affects people with weakened immune system.
- In rare cases, people may also inhale the fungal spores and get pneumonia. They may have symptoms such as shortness of breath, cough and fever.

**Transmission**
- People most usually get sporotrichosis from the environment. Wounds or other minor injuries that result in broken skin (e.g., rose thorns) allow an entry site for spores from the fungus. The bumps that indicate the infection occur near the place that was infected—often on hands and arms that get cut or scraped easily while working outdoors.
- Persons handling thorny plants, sphagnum moss, or baled hay are at risk of getting sporotrichosis. Outbreaks have occurred among nursery workers handling sphagnum moss (often used to make topiaries), rose gardeners, children playing on baled hay, and greenhouse workers handling thorns.
- Sporotrichosis can also occur in animals such as cats, dogs, rodents, horses, livestock, birds, and various wild animals. Some human cases have resulted from scratches from infected cats.
- Sporotrichosis is not spread from human-to-human.

**Treatment**
- Sporotrichosis can be confirmed when a doctor obtains a swab or a biopsy of a freshly opened skin nodule and submits it to a laboratory for fungal culture.
- Itraconazole, an antifungal medicine, is usually the treatment for sporotrichosis. Amphotericin B or Potassium iodide may also be used. Your health care provider can choose the best medicine for you. Treatment may need to be continued over several weeks until the skin lesions are completely healed.

**Prevention**
- Wear gloves and long sleeves when working in the garden or outdoors, especially with rose bushes and sphagnum moss as well as hay bales, wires, pine seedlings, and other plants that can puncture the skin.
- Wear long sleeved shirts and long pants when working outdoors, among thorny plants, or baling hay.
- Gloves should also be worn when handling or treating affected animals, particularly cats.

All information is general in nature and is not intended to be used as a substitute for appropriate professional advice.