INTRODUCTION

Paracoccidioidomycosis (PCM) is an endemic systemic mycosis in Latin America caused by the dimorphic fungi of the complex of species of the genus *Paracoccidioides*. 1 PCM is primarily manifested by chronic pulmonary involvement and often associated with cutaneous-mucosal involvement. 2 The clinical forms presented by the disease can be summarised as acute and chronic, and the latter form is more frequent in adults.

The oral lesions of patients with PCM are present in approximately 80% of the cases of the disease in their chronic form. 3 Histologically, the oral lesions present hyperplastic epithelial tissue and intense inflammatory infiltrate with the formation of epithelioid granulomas, which represent a cellular immune response to prevent the dissemination of the fungus. 4 It is common to classify granulomas according to the type of organisation in the tissue, which may indicate the extent of the disease: loose type granulomas are observed in severe and widespread cases, and dense granulomas are observed in localised and moderate cases of the disease. 4, 5

In more severe forms of the disease, there is a decrease in the cellular immune response and consequently a decrease in Th1 cytokine production. The observed high levels of IL-4, IL-5, IL-10 and TGF-β are associated with a Th2 immune response, which is correlated with a suppressive action of granuloma. 5

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