**Introduction**
*Alternaria* species are dematiaceous fungi widely present in the environment. While usually considered contaminants, they can act as opportunistic pathogens, particularly in immunocompromised individuals such as solid organ transplant recipients. We report two cases of cutaneous alternariosis in heart transplant patients.

**Case Reports**

Case 1

A 63-year-old diabetic male with dyslipemia, chronic kidney disease and a history of heart transplantation for dilated cardiomyopathy, developed a nodular lesion on the left lateral malleolus in July 2024. An initial biopsy was inconclusive, but a second biopsy revealed fungal hyphae, and culture confirmed *Alternaria* spp., resistant to triazoles and susceptible to echinocandins. As a result anidulafungin was initiated

Despite partial healing, the hyperkeratotic plaques persisted and new satellite lesions appeared; therefore, at our center, a new surgical excision and grafting were performed. Histopathology showed PAS positive hyphae at the deep margin, and culture identified *Alternaria alternata* via, MALDI-TOF, and ITS sequencing. The graft failed due to inflammation and infection. Repeat antifungal testing showed echinocandin resistance and triazole susceptibility, prompting a switch to posaconazole.

Following this, a wide-margin debridement with secondary intention healing was required. The patient developed a bacterial superinfection (*Pseudomonas*, *Enterobacter cloacae* (grup), *Enterococcus faecium*), treated with meropenem and daptomycin. His clinical course was complicated by acute kidney injury, tacrolimus toxicity, and heart failure requiring oxygen support. After stabilization with diuretics, therapy was simplified to ciprofloxacin and vancomycin, with continued posaconazole.

Case 2

A 70-year-old male with corticosteroid-induced diabetes, chronic kidney disease, and heart transplant due to familial dilated cardiomyopathy sustained a puncture wound on the right lateral malleolus. It evolved into an ulcerated, pyogenic-granulomatous lesion unresponsive to antibiotics in February 2024.

Three months later, biopsy confirmed hyphae on Giemsa staining and culture was positive to *Alternaria* spp. Posaconazole was started with tacrolimus dose adjustment. The patient developed mild lower limb edema and hydrocele, likely due to fluid retention. Within two weeks, the lesion significantly improved with disappearance of pain and local disconfort. He remains under close monitoring to assess the need for surgery.

**Discussion**
Cutaneous alternariosis primarily affects immunocompromised patients, often after minor trauma. Lesions are variable—ulcerated papules, plaques, or nodules—usually on exposed areas, and diagnosis relies on histopathology and mycology.

Management should be individualized, considering immune status and lesion extent. Reducing immunosuppression, when feasible, is essential. Surgical excision is useful for localized disease, while systemic antifungals are indicated in refractory cases. Azoles, especially posaconazole and itraconazole, are preferred for their efficacy and tolerability; echinocandins are generally less effective. Further research is needed to guide optimal therapy.