

MYCETOMA ON AN UNUSUAL SITE

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A 23-year-old man had a large, painless swelling on upper part of back. Swelling was studded with multiple nodules, abscesses, and discharging and dried up sinuses. Histopathology revealed features of mycetoma. Culture yielded growth of *Madurella mycetomatis*.

Key words : Mycetoma, Deep mycosis, Antifungal, Ketoconazole

Mycetoma is a localized, chronic infection with various species of fungi or actinomycetes, resulting in severe damage to skin, subcutaneous tissues and bones. Granules of various forms and colours are produced within the granulomata and abscesses. We are reporting a case of mycetoma on an unusual site.

Case Report

A 23-year-old man presented with a large, painless swelling on upper part of back for 8 months. Swelling was about 25 cm x 15 cm in size and studded with multiple nodules, abscesses, discharging and dried up sinuses (Fig. 1). Patient had noticed a small, painless swelling 8 months ago which gradually increased. There was no history of preceding trauma. On applying pressure seropurulent material came out through discharging sinuses and abscesses. This fluid gave gritty

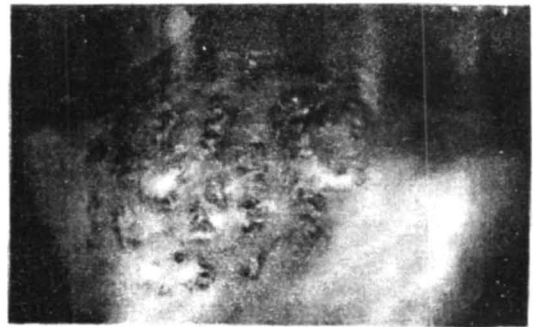


Fig. 1 . Mycetoma on upper back

(sandy) sensation. On direct microscopic examination, fungal hyphae were seen. X-ray of the lesion showed only soft tissue swelling with no bony changes. A clinical diagnosis of mycetoma was made, which was confirmed by histopathology and culture. A deep biopsy was taken, half of that biopsied tissue was sent for histopathology examination and half was sent for culture. Histopathology strongly suggested evidence of mycetoma and culture showed growth of *Madurella mycetomatis*. There was no clinical or laboratory evidence of immunosuppression such as HIV infection. Patient was put on ketoconazole 400 mg daily. First follow-up after 6 weeks revealed partial response in the form of drying up of abscesses

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and discharging sinuses and decrease in the size of nodules. Second follow-up after 12 weeks showed marked improvement with considerable reduction in the size and thickness of the lesion and number of abscesses.

Discussion

Since trauma favours infection, most lesions of mycetoma occur on foot and lower leg, but they may occur anywhere on the body,¹ especially in immunocompromized hosts.² However, in our patient there was no evidence of immunosuppression. There are a few Indian reports of mycetoma occurring on unusual sites e.g., hand,³ upper back,⁴ and thigh.⁵

References

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