i.e. paralysis and sensory disturbances, soiling of bed and local pressure ischaemia could be the major factors in the development of bed-sores in these cases. Further, it becomes evident that hardly any chance exists for the development of bed-sores in patients without any neurological deficit, especially paraplegia if confined to bed, and despite careful nursing majority of the neurological cases are likely to develop bed-sores.

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False

A cadaveric kidney transplanted into a heterozygos patient with renal failure was followed by return to normal renal function. Ceramide trihexosidase activity was demonstrable after the transplant with consequent return to normal levels of ceramide trihexoside in blood and urine. Renal allograft apparently provided metabolically active ceramide trihexosidase necessary to catabolise the accumulated glycolipid. As a palliative measure, renal transplant in patients with renal failure due to this condition is becoming increasingly popular.

Ref : Proc Cen Soc Clin Res, Chicago, Illinois Nov. 5, 1971.

MADUROMYCOSIS OF THE GLUTEAL REGION
(A case report)

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Summary

A. Case report of Maduromycosis at an unusual site has been reported.

The literature pertaining to the lesion has been reviewed.

In Atharva Veda, Mycetomas are described as Pad Valmicum (Anthill) (Ghosh et al[1]). Maduromycosis was first described by Gill[2] around Madura, India. The condition was named by Colebrook[3] of the Madura dispensary as 'Madura Foot'. Tissue changes were described by Vandykecarter[4] who termed the condition Mycetoma "meaning Fungus Tumor". Brumpt[5] observed different fungi causing same clinical picture. Two types of Mycetomas were described, Actinomycotic caused by members of family Actinomycetacea; and Maduromycotic caused by filamentous fungi (Ajello et al[6]). Madurella mycetomii causes black grain mycetoma in Africa, Asia, South America and rarely in U. S. A. (Ajello et al[6]). Abbott[7] isolated 143 strains of Madurella mycetomii out of 1231 isolations of fungi from mycetomas in Sudan. At least 10 isolations are reported from South America and 5 from U. S. A. (Mackinnon[8]).

Maduromycosis occurring in the gluteal region has not been reported in this country. This paper deals with a case of mycetoma in a rare site i.e. gluteal region.

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Case Report

A Hindu female villager, 19 years old, was admitted in Gandhi Hospital, Secunderabad, with a history of swelling in the right gluteal region of five years duration, growing slowly. (Fig.) It burst in two places, discharging black

Shows multiple sinuses on the right gulteal region, discharging black granules, also seen on the dressing

granules mixed with pus. On examition, the general condition was good. Local examination revealed a firm swelling, six inches in diameter in the right gluteal region with multiple sinuses, discharging black granules. The hip joint was not involved and the condition was diagnosed as fungus infection and the following investigations were carried out.

Urine and blood picture were within normal limits and E. S. R. was 30 in 1st hour and 75 in 2nd hour. X-ray of the pelvis and gluteal region failed to reveal bone involvement.

The granules were irregularly shaped masses, round or lobed, black in colour, firm in consistency. Hyphae were found enmeshed in brown granular cement and clubs were absent. Mycelia, two to three microns in diameter along with numerous chlamydospores, 10–15 microns in diameter were found. Few washed granules were soaked overnight in penicillin, streptomycin solution before being cultured on Sabouraud's dextrose agar with chloramphenicol. Cultures were incubated at 30°C. and also at room temperature. Colonies were visible in 5 to 6 days and were well developed in 10 to 12 days. Growth was better at 37°C. compared to room temperature. Colonies were flat or folded, whitish or yellowish brown in colour. Morphology was characteristic. Additional tests were done to identify the species.

Nature of test	Result
Proteolytic activity (on gelatin medium)	Present (weak)
Amylolytic activity (on starch medium)	Present
Carbohydrate assimilation Test	
1. Glucose	Positive
2. Lactose	Positivs
3. Maltose	Positive
4. Sucrose	Negative
5. Galactose	Positive

The species was identified as Madurella Mycetomii and confirmed by kind courtesy of Dr. Mohapatra (Delhi).

Discussion

Mycetomas involving various parts of the body has been reported. Ray and Tribedi[9] published on a mycetoma of the breast. Ghosh, Dey and Panja[1] observed the site of involvement in diminishing order as follows: Foot, Trunk, upper extremities, Navel region and Jaw. Andleigh[10] recorded 16 cases of mycetomas in Rajputana caused by varous Nocardia species and madurella mycetomii. Chowhan and Agarwal[11] have stressed the importance of histological diagnosis of mycetomas.

In this country involvement of the gluteal region has not been reported. The peculiarity of this case was involvement of a rare site. The lesion might have occurred due to introduction of the organisms through a thorn prick while working in the fields.

Massive Penicillin therapy had no effect and surgical excission followed complete cure as one year of follow up did not show evidence of recurrence.

Acknowledgments

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TRUE or FALSE

Histochemical and histoenzymatic studies on the skin and cultured fibroblast should form the diagnostic basis in the study of diseases concerned wlth disorders of mucopolysaccharide metabolism.

(Answer page No. 121)