Primary cutaneous botryomycosis

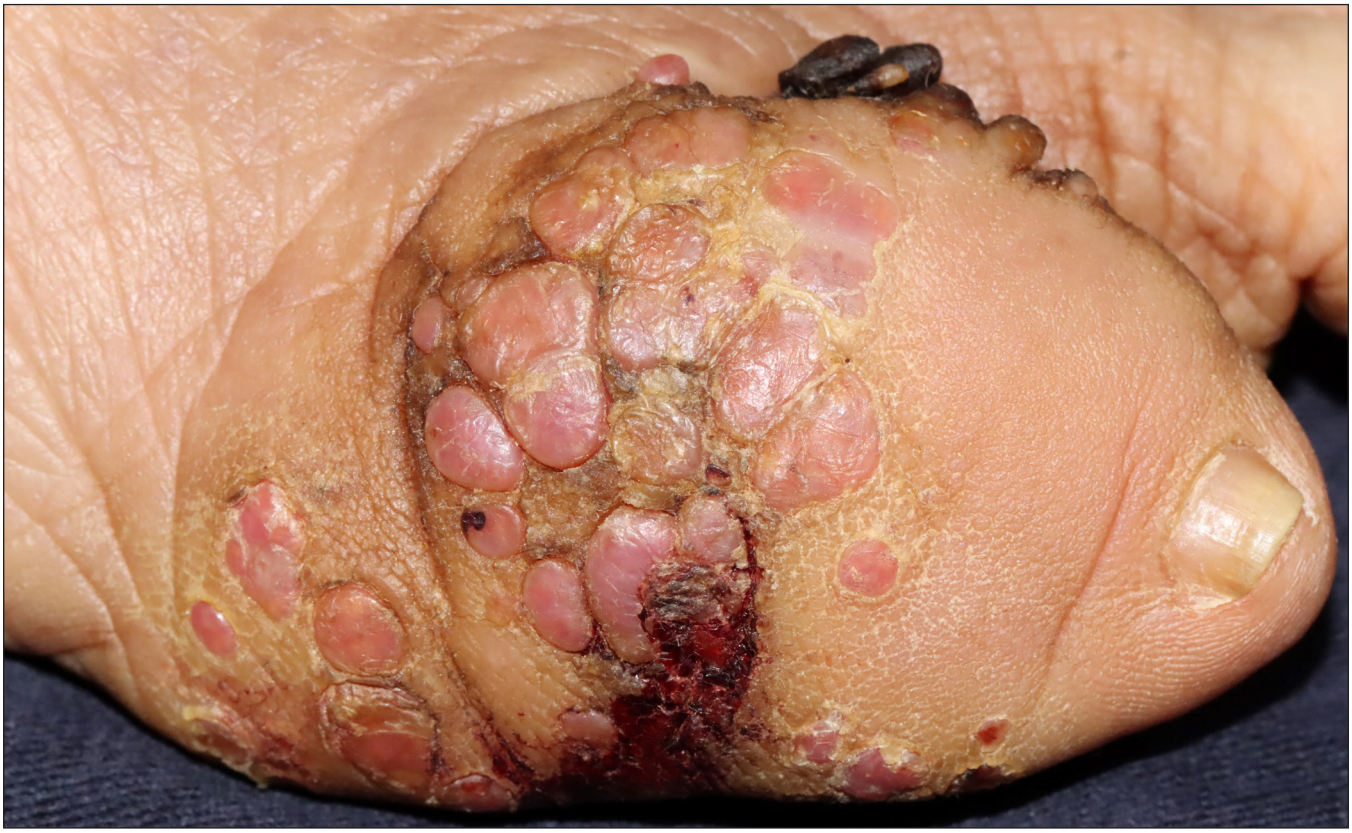

Figure 1: Multiple tender, smooth, round-to-oval, erythematous nodules were embedded in the swollen toe without discharge.

A 75-year-old woman presented with a 2-year history of progressive swelling of her right fifth toe. Physical examination showed multiple tender, smooth, round-to-oval, erythematous nodules embedded in the swollen toe without discharge [Figure 1]. Non-polarised dermoscopic examination at 10× magnification revealed scattered yellowish granules of variable size [Figure 2]. Skin biopsy taken from the nodules showed dermal deposition of granules of basophilic bacterial aggregates rimmed by an eosinophilic matrix. Gram staining revealed clustered non-filamentous Gram-positive cocci, subsequently identified as oxacillin-resistant *Staphylococcus haemolyticus* through bacterial culture. There was no evidence of any systemic involvement. A diagnosis of primary cutaneous botryomycosis was made. The mainstay of treatment for botryomycosis consists of extended antibiotic therapy guided by sensitivity tests, frequently complemented by surgical debridement for refractory or deeply infiltrating lesions, typically resulting in favourable outcomes.[1,2] The patient received combination therapy involving a 3-week course of intravenous vancomycin and surgical debridement for refractory lesions, leading to the complete resolution of the lesions.

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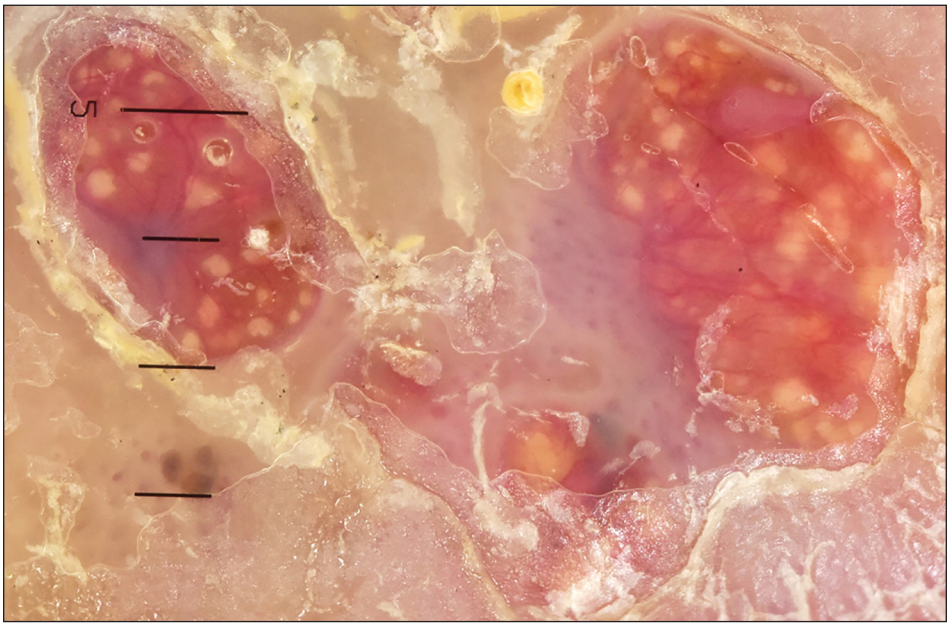

Figure 2: Non-polarised dermoscopic examination at 10× magnification of the nodular lesions revealed scattered yellowish granules of variable size, known as 'grains'.

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