BOTRYOMYCOSIS

Arun C Inamadar, Nagalotimath SJ*

A 20 year female with botryomycosis is reported. Good response to antibiotics and surgical resection is observed.

Key Words : Botryomycosis

Introduction

Botryomycosis is a chronic granulomatous reaction to bacterial infection, containing granules resembling the sulfur granules of actinomycosis. Most cases are caused by *Staphylococus aureus*.[1]

Case Report

Adult female aged 20-years-presented with history of painful swelling over left shoulder of 10 months duration. There was history of preceding trauma while working in the field. Swelling started as 'boil like' lesion, later progressing with multiple discharging sinuses. There was intermittent history of constitutional symptoms like fever and malaise. There was no history of any chronic illness.

Cutaneous examination revealed indurated tender nodular mass with discharging sinuses over the left deltoid area (Fig. 1). Routine culture from discharge and biopsy tissue grew *staph aureus*. ZN stain for AFB was negative. KOH preparation and fungal culture was negative for fungal element. Routine haematological and urine examinations did not reveal any abnormality. HIV antibody test was negative. Biopsy showed typical features of botryomycosis like masses of cocci, (Fig. 2) with surrounding

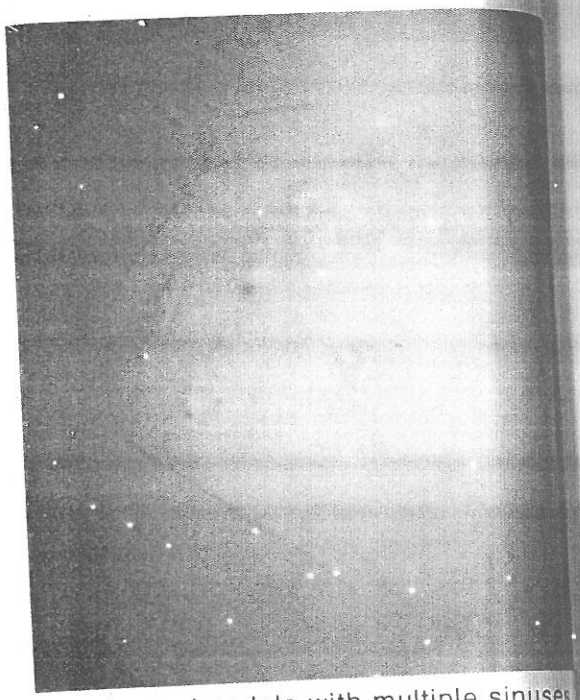

Fig. 1. Indurated nodule with multiple sinuses.

lymphohistiocytic and foreign body giant c tissue reaction. Radiological examination chest and left shoulder did not reveal a abnormality. Patient was treated with surgi resection and cloxacillin with excellent resu

Comments

There are 2 forms of botryomycos primary cutaneous form with single or multi abscesses of skin and subcutaneous tiss breaking down to discharge serous flu through multiple sinuses; pulmonary form m reach the skin and present as irregular mass with multiple sinuses, usually associated w cystic fibrosis.[1]

From the Departments of Dermatology and Pathology*, BLDEA's Medical College, Bijapur - 586 103, India.

Address correspondence to : Dr Arun C Inamadar

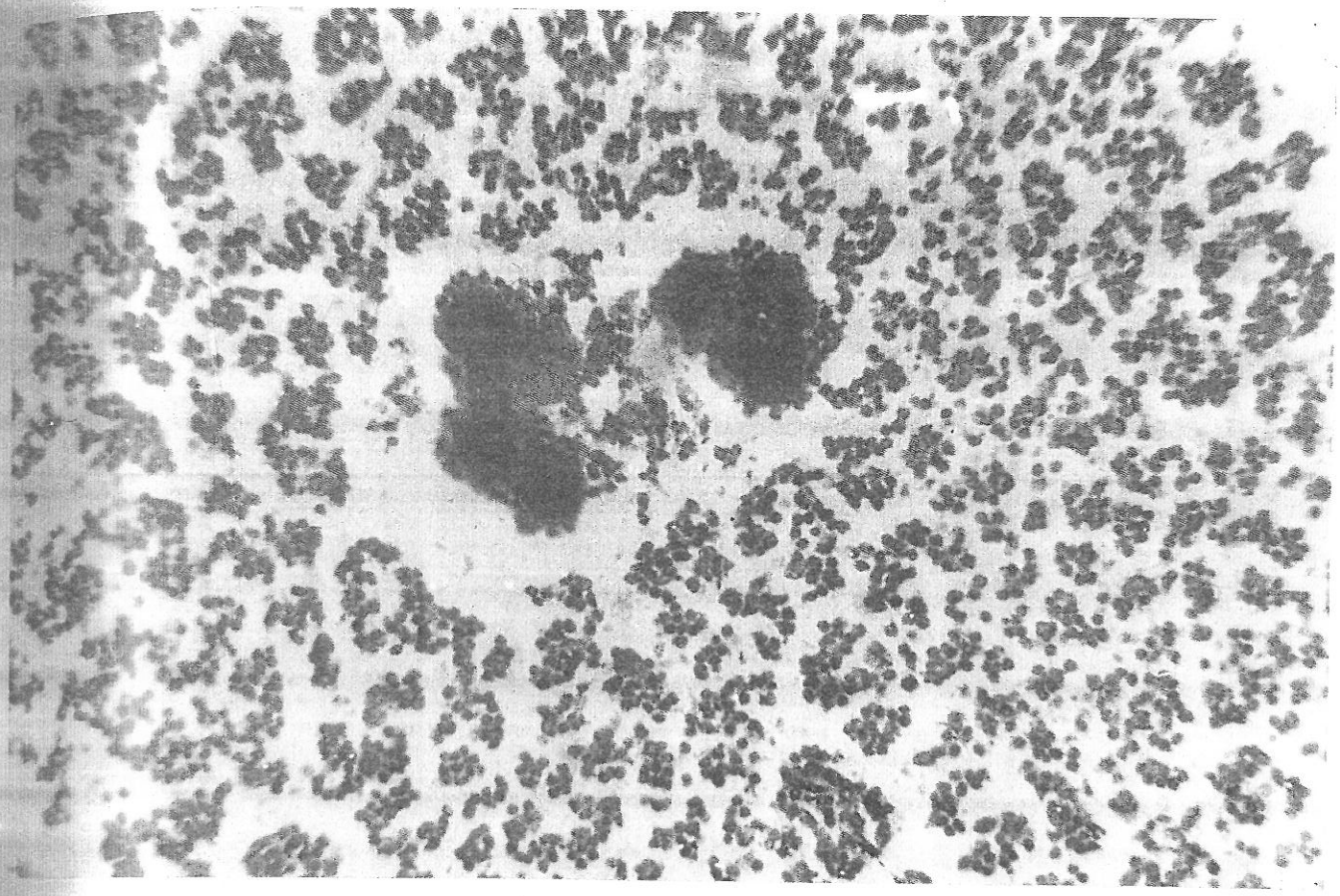

Fig. 2. Photomicrograph showing masses of cocci with surrounding lymphohistiocytic infiltration (H & E x 400)

Among patients with cutaneous botryomycosis, diabetes, chronic mucocutaneous candidiasis with T cell deficiency, systemic corticosteroid therapy and transient T cell impairment have been reported, but the majority of patients show no such predisposing factors.[1] There was no evidence of any predisposing factor in present case except history of preceding trauma. A history of injury is common in cutaneous form, which stress the importance of a foreign body as well as infection.[1]

Scanning of available Indian literature revealed scarce reporting of botryomycosis.[2,3,4] In all of them *staph aureus* was common organism grown with good response to antibiotics and surgical resection.

References

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