

Methicillin-resistant *Staphylococcus aureus* superinfection over untreated candidiasis resulting in oronasal fistula

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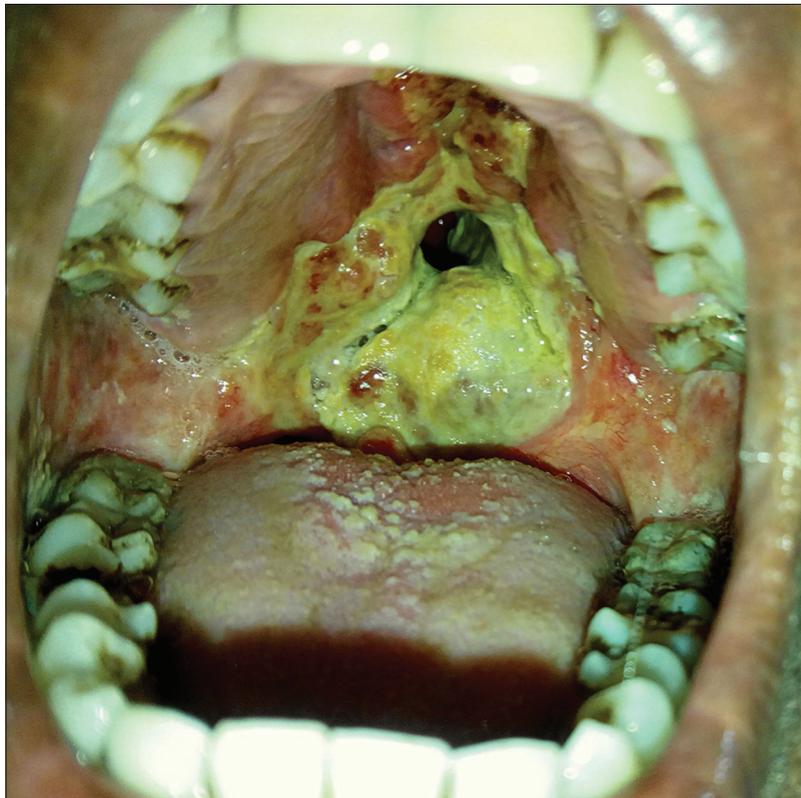


Figure 1: Initial lesion showing extensive yellowish slough and pseudomembrane around central palatal ulcer

A 33-year-old male patient reported to the Department of Oral Medicine and Radiology, Indira Gandhi Institute of Dental Sciences, Puducherry, with history of wound in mouth, causing nasal regurgitation of food for a period of 4 weeks. Examination revealed, a 3 × 3 cm oval ulcer at the junction of hard and soft palate in the midline, covered with extensive pseudomembrane and associated with foul smell. The ulcer was tender, with well-defined borders and everted margins [Figure 1]. Occlusal radiographs showed evidence of communication with the nasal cavity. Routine blood investigations along with serology (VDRL for syphilis and ELISA for HIV) were negative. Histopathology demonstrated candidal hyphae, while pus culture and antibiogram showed isolated methicillin-resistant *Staphylococcus aureus* (MRSA). Accordingly, local debridement was done, along with parenteral vancomycin 1 g/day administered 8 hourly and oral fluconazole 150 mg once daily for a week. The patient was referred for surgical management of the fistula after satisfactory healing.

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Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understand that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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