



### Mycetoma mimicking sexually transmitted infection

Lakhani Som\*<sup>1</sup>, F E Billimoria<sup>2</sup>

<sup>1</sup>Assistant Professor, <sup>2</sup>Professor & HOD; Department of Skin and VD, SBKSMI & RC, Sumandeep Vidyapeeth, Piparia, Waghodia, Vadodara, Gujarat, India

#### ABSTRACT

This report is of an atypical case of mycetoma at unusual site simulating sexually transmitted infection. Most lesions described in literature are on the foot and lower legs while our patient had lesions at perineum and thigh.

**Keywords:** Mycetoma, eumycetoma, actinomycetoma, sexually transmitted infection.

#### INTRODUCTION

Mycetoma is a chronic granulomatous disease of the skin and subcutaneous tissue. It may involve muscle, bones and neighbouring organs at times. It is a slowly progressive condition. It is characterized by tumefaction, abscess formation and fistula with discharging sinuses. Mycetoma can be classified as actinomycetoma or eumycetoma, the former caused by bacteria and the latter by fungi.<sup>1</sup> As trauma favors inoculation of the organisms, most lesions are on the foot and lower legs.<sup>2</sup> Very rarely mycetoma is described on the thigh.<sup>3</sup>

#### Case history:

A 35 years old male, farmer by occupation, presented to us with complaints of multiple nodular skin lesions in groin and perianal region since 10 years. One year back he noticed discharging sinuses from multiple sites (Figure 1 & 2). There was thick yellowish-white exudative discharge accompanied with black granules. He also complained of weight loss since 5 years. He gave past history of trauma over groin region before 23 years. Systemic examination was normal apart from mild hepatomegaly.

Patient was investigated further. Gross macroscopic examination of discharge material showed black-brown granules of firm to brittle consistency, round-oval shaped with different size approximately of 0.5-5.0 mm. showed long, thin, branched, fungal hyphae. Gram stain and Modified Ziehl - Neelsen

stain did not contribute further. Fungal culture was done. Granules were washed for several times in normal saline with penicillin and inoculated on Sabouraud Dextrose Agar with antibiotic and incubated at 37°C and 25°C temperature. Colonies were Smooth Glabrous, Powdery, Leathery and produced Diffusible brown pigment in the agar. Microscopy of culture material showed Septate hyphae with Chlamydia spores. Histopathological examination in form of H & E stained smear, showed many thin, branched, septate hyphae.

Complete blood count, liver and renal function tests were normal. Patient was found to be positive for HbSAg. HIV and VDRL were non reactive. X ray of the local part showed periosteal new bone formation.

Chest X-ray was normal.

#### DISCUSSION

Mycetoma is characterised by triad of subcutaneous mass, multiple sinuses and seropurulent discharge containing grains usually located on the feet<sup>4</sup>. Rarely it can involve other sites for example the groin area as in our patient<sup>5</sup>. The nodular lesions in the groin may resemble the bubo of lymphogranuloma venereum or the bubo of chancroid or the pseudobubo of donovanosis. The ulcerated lesions may resemble ulcers of syphilis. The other possible differential diagnoses are actinomycosis, sporotrichosis, tuberculosis, Kaposi's sarcoma, foreign body granuloma and chronic osteomyelitis.<sup>6</sup>

#### \*Correspondence:

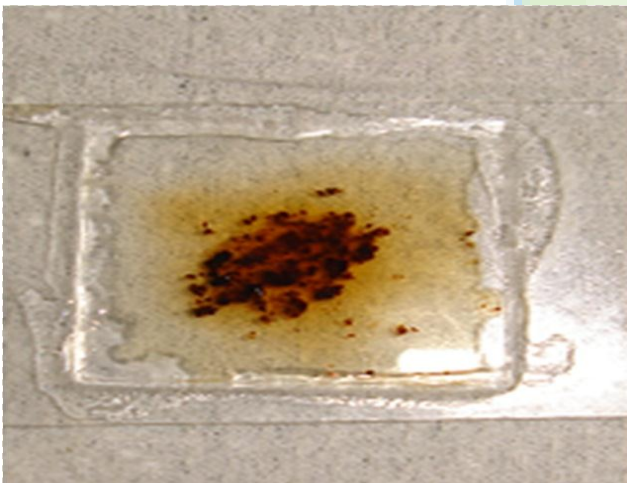
E-mail: [som.lakhani@yahoo.com](mailto:som.lakhani@yahoo.com)



**Figure 7. Multiple nodular lesions in groin region with few discharging sinuses.**

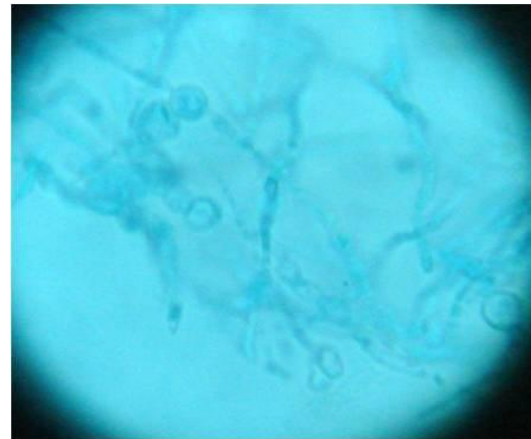


**Figure 8. Multiple nodular lesions with discharging sinuses in groin region.**



**Figure 9 Multiple black granules on gross examination**

In this patient direct microscopy of granules revealed fungal elements, which was confirmed by fungal culture and it turned out as *Madurella mycetomatis* which was well co-related clinically and histopathologically.



**Figure 10. 20% KOH examination showing multiple branching fungal hyphae**

The patient was treated with oral itraconazole 200 mg twice daily for 9 months along with surgical debridement of the lesions.

We present this case as it is an atypical presentation of mycetoma requiring and highlights the need of high degree of suspicion for diagnosis.

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