

# “Mycetoma with superimposed bacterial co-infection”

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## Introduction

Mycetoma is a localized chronic, suppurative, and deforming granulomatous infection of the skin, subcutaneous tissue, skin and bones, affecting mainly the feet. It is often seen in tropical and subtropical areas.

## Case Presentation

We report a case of a 38-year-old male presenting with infected wound right foot with 3years history of swelling with pus discharge localized in the right medial dorsal foot associated with painful ambulation. He was initially diagnosed with bacterial osteomyelitis with wound tissue culture of *Escherichia coli* and given Cefuroxime IV. The aggressive course and progression of the disease affected the short bones of the involved foot thus radical resection of the soft tissue right foot with excision of the 1st metatarsal foot right was done. He was then diagnosed as a case of maduramycosis based on the biopsy result and was started on Voriconazole however because of drug unavailability it was later replaced with Itraconazole taken for 6 weeks. He was then discharged and advised to follow-up after 2weeks. During the follow up, the wound was found to be improving and he was advised to continue Itraconazole for another 4 weeks as part of the treatment.

## Conclusion

An approach that involves early diagnosis, use of systemic antibiotics or antifungal agents, and surgical removal of lesions are the basis for the treatment of this disease. Early recognition of mycetoma in a chronic skin and bone infection of the extremities is very important since it will avoid potential complications that will lead to functional and aesthetical impairment.



Figure 1. A, B Eumycetoma triad: 1) subcutaneous mass, 2) sinus tracts, and 3) grain discharge.