



A CASE REPORT – EUMYCETOMA IS A RARE DISEASE

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INTRODUCTION

Mycetoma is a chronic infection of the skin and subcutaneous tissue. It commonly found in South East Asia, Latin America and Africa. It can also affect muscles, bones, tendons and joints. Its characterized by nodules and sinus tracts that discharge watery fluids or pus containing grains. It can be divided into Eumycetoma (fungus) and Actinomycetoma (filamentous bacteria from the order, actinomycetes).

CASE REPORT

A 29 years old Malay female with no known medical illness presented with four months history of progressive swelling at PIPJ left middle finger. It was complicated with unable to move her PIPJ for one month. No history of fall or trauma. Clinically left middle finger PIPJ swelling with ankylosis in 60-degree flexion. Imaging showed as figure 1. Diagnosis of enchondroma were made. Wound debridement + fusion of PIPJ left middle finger. HPE and culture were sent. Histopathological come back as eumycetoma thus diagnosis of Left PIPJ Eumycetoma osteomyelitis complicated with septic arthritis were made.



Figure 1: Pre-operative X-ray showing localized lytic lesion at base of middle phalanx with bone collapse and distal part of proximal phalanx engulf inside base of middle phalanx.



Figure 2: Post-Operative X-Ray

DISCUSSION

There are many differential diagnoses involving ankylosed PIPJ of fingers. It can be trauma, inflammatory (Rheumatoid arthritis), tumor (enchondroma) and infection (septic arthritis). Slow growing, chronic type of infection is difficult to be identified before tissue diagnosis. Even if the patient come early, the diagnosis is almost impossible to detect. This case was diagnosed as enchondroma at first thus proceed with operative procedures. Once the tissue diagnosis was made, the optimal management can be commenced. It is the utmost important to send cases that was not typical or suspicious for a tissue biopsy so that a case such as eumycetoma could not be missed.

CONCLUSION

Eumycetoma of the finger joint is a rare type of infection. Diagnosis of eumycetoma is only made available after a tissue biopsy. Active management of debridement and antifungal is the mainstay of treatment.

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