Madura in my foot!

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INTRODUCTION:

Eumycetoma, also known as Madura foot, is a chronic cutaneous and subcutaneous infection caused by various genera of fungi, leading to progressive destruction of soft tissue and the nearby anatomical structures. Our musculoskeletal oncology unit receive referral and co-manage eumycetoma with our infectious disease (ID) colleagues due to its presentation which can mimics soft tissue sarcoma, posting as initial diagnostic challenge.

REPORT:

A 28-year-old male presented with 1-year history of painless left foot swelling. He had underlying history of left foot trauma, after which he noticed a splinter over the dorsum of his foot. Patient attempted to remove the splinter; however, he was not able to remove it completely. He denied any fever and able to ambulate well and work as driver. He only sought treatment after he had difficulty in wearing shoes as the swelling had progressively increased in size. Local examination showed diffuse, soft to firm swelling at dorsal forefoot area proximal to 3rd to 5th toes. Overlying skin was intact except for slight hyperpigmentation with normal temperature.

X-ray of left foot showed no osteomyelitis and no foreign body seen. MRI of left foot showed features suggestive of chronic inflammatory lesion with ring and dot in circle sign. Histopathological examination (HPE) from open biopsy showed suppurative inflammation, consistent with fungal infection. Upon discussion with our hospital ID team, patient was planned for excision of the mass prior to anti-fungal treatment. The final HPE from the excised specimen confirmed the diagnosis of fungal infection in favor of aspergillosis. He was started on IV voriconazole 200mg BD for 2 weeks followed by oral voriconazole for 7 months. His latest follow-up at 1-year post-operation showed no evidence of local recurrence.

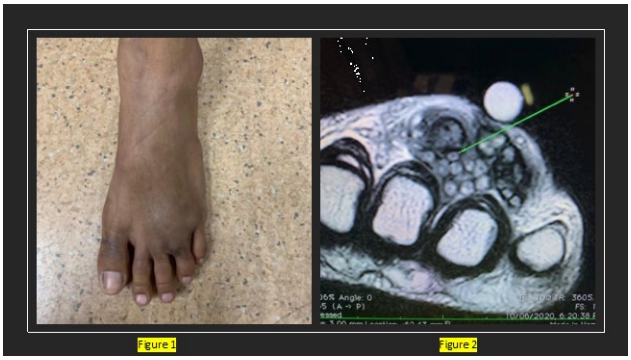

Figure1:
Preoperative pictures of left foot
Figure 2: MRI in axial cut of foot showed dot in circle sign

CONCLUSION:

Treatment for the musculoskeletal fungal infection is debatable. Most patients (82%) required the combination of surgery and systemic antifungal therapy (1). This is an uncommon disease with insidious onset and non-specific manifestations that requires pathogen identification via tissue cultures and histopathological studies. We found that this combination therapy yielded favorable outcome for our patient.

REFERENCES:

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