

LETTER TO THE EDITOR

EUMYCOTIC MYCETOMA DUE TO CURVULARIA SPECIES: A UNIQUE PRESENTATION

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Mycetoma is a chronic infection caused by different species of fungi and bacteria characterized by tumefaction, discharging grains and draining sinuses, involving the skin, subcutaneous tissue and rarely bones. When the causative agent for Mycetoma is a fungus, it is termed as Eumycetoma and when it is caused by filamentous bacteria, it is termed as Actinomycetoma.^[1] Mycetoma is endemic in India, Pakistan, parts of Africa, Central and South America and Indonesia.^[2]

Here, we report a rare case of Eumycetoma due to *Curvularia lunata* with a unique presentation.^[3] A 28 year old female farmer presented to our OPD in November 2012 with multiple discharging wounds over the left side of upper chest, back, shoulder and axilla of 8 years duration. The patient initially developed a single ulcer over left back about 8 years ago which healed with scarring but continued to develop more such lesions over the years. On examination, she had numerous nodules with discharging sinuses over her left torso. The discharge was sero sanguinous and there were intervening areas of hypopigmented and hyperpigmented scars. On palpation the local temperature was raised and the lesions were tender. Multiple axillary lymph nodes were enlarged, discrete and tender.

Radiograph of the chest was normal and Complete blood counts revealed anemia (4.5 gm%), leukocytosis (13000/microlit) raised ESR(65 mm at 1 hour). The discharge from sinuses was subjected to Gram's stain, ZN stain and culture – sensitivity. Gram's stain showed gram positive cocci in clusters and culture showed growth of *Staphylococcus aureus* sensitive to vancomycin and clindamycin. Biopsy was sent for histopathology and tissue culture. Meanwhile patient was started on Inj Vancomycin. Histopathology of the nodule revealed diffuse inflammatory infiltrate with abundant vascular channels. It was a further 4 weeks before we could get the culture report. On Sabouraud's dextrose agar media (containing chloramphenicol without cycloheximide), black-colored colonies with white aerial hyphae were noted. Microscopically, lactophenol cotton blue wet mount of the colony showed erect, unbranched, septate, flexuous, brown-colored conidiophores, along with conidia.^[4] The conidia were smooth walled, olivaceous brown in color, four-celled with 3 septae and a larger sub-terminal cell. Thus, a diagnosis of Eumycetoma due to *Curvularia lunata* was reached. Hence, patient was started on oral Itraconazole 100 mg twice daily.^[5] The patient responded very well to the treatment with resolution of most of the nodules with scarring by the end of 6 months. Patient was followed up for over a year without any relapse.

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Fig. 1



Fig. 2



Fig. 3



Fig. 4

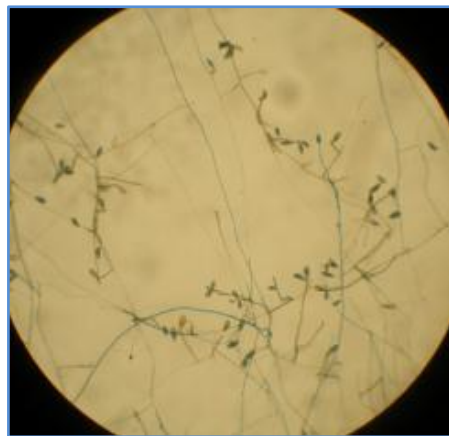


Fig. 5

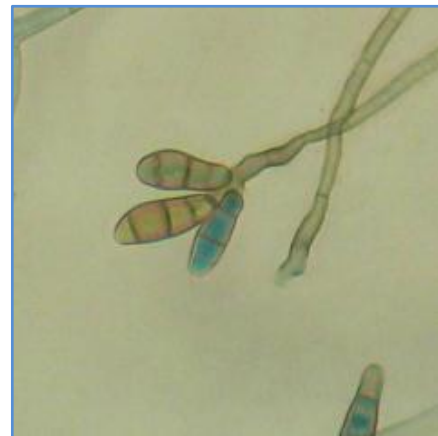


Fig. 6

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Fig. 7



Fig. 8

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