Inguinal Mycetoma

Sir,

Mycetoma is a localized chronic, granulomatous infection of the subcutaneous tissue, skin and bone caused by actinomy-
cetes or true fungi (1). It presents as multiple discharging
sinuses, nodules and swelling of the affected part and character-
istically involves the foot but occasionally the hand, back and
shoulder (2). In endemic areas, mycetomas at unusual sites
such as head and neck (3), testis (4), mandible (5), paranasal
sinuses (6) and eyelid (7) have been reported. We recently
observed mycetoma occurring primarily in the inguinal region,
a site not previously reported to be involved.

CASE REPORT

A 22-year-old male college student had developed multiple sinuses in the
right inguinal region 8 years earlier. He reported discharge of
multiple black granules and a foul-smelling seropurulent discharge.
There was no history of trauma preceding the onset of the lesions.
On examination, multiple discharging sinuses with undermined and
puckered edges with surrounding hyperpigmentation were seen in the
right inguinal area (Fig. 1). There was an underlying indurated, non-
tender plaque of 12 x 5 cm size. A seropurulent discharge along with
1-mm to 3-mm sized black granules could be expressed from the
sinuses. The regional lymph nodes were enlarged, discrete and non-
tender. A 10% potassium hydroxide preparation of the crushed
granules showed branching hyphae embedded in an amorphous yellow
brown cement substance. A deep skin biopsy from one of the sinus
revealed a dense collection of lymphocytes, histiocytes and epithelioid
cells interspersed with neutrophils and eosinophils. Fungal hyphae
were seen in aggregates surrounded by an inflammatory infiltrate. The
hyphae stained pink with periodic acid Schiff stain. Culture of the
granules grew Madurella mycetomi. X-ray of the pelvic bones revealed
no abnormality. The patient had previously received dapson 200 mg
and tetracycline 1 gm daily for 3 years with no improvement. We
instituted ketoconazole 200 mg twice daily, which the patient has
received for about 3 months with no significant benefit yet.

Fig. 1. Mycetoma of right inguinal fold showing multiple sinuses with
puckered edges. Note black granules on thigh.

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