

Clinical Images

Aggressive actinomycetoma

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A 29-year-old woman from Western Sudan presented to the Mycetoma Research Centre, Khartoum, Sudan with massive anterior abdominal wall, upper right thigh and perineal swelling (Panel A). The lesion started with a small painless right foot swelling seven years prior to presentation and gradually increased in size. Eventually it was necessary to perform below knee amputation at a district hospital.

Five years prior to presentation, a painless right inguinal swelling appeared followed by multiple sinuses producing sero-purulent discharges containing small tiny whitish grains. The swelling gradually spread to involve the lower abdominal wall, right upper thigh, groin, vulva and perineum.

Surgical biopsy from the lesion and grains culture confirmed the diagnosis of actinomycetoma due to *Streptomyces somalensis*. Abdominal magnetic resonance imaging revealed massive intra-abdominal disease spread (Panel B).

Eight cycles of combination of Amikacin sulphate 15 mg/kg a day for three weeks and 840 mg of Co-trimoxazole bd for five weeks was administered. She had a dramatic improvement (Panel C). She had two successful pregnancies and gave birth to two healthy children by Caesarian section.

This is a case of a right foot actinomycetoma, which spread to the inguinal lymph nodes and formed secondary satellite leading to an aggressive local and intra-abdominal involvement. She fortunately responded well to treatment.

