Subcutaneous nodules, some 20 years after a fall in Namibia, diagnosed in Belgium: imported pathology may take a long time before diagnosis

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LETTERS

Subcutaneous nodules, some 20 years after a fall in Namibia, diagnosed in Belgium: imported pathology may take a long time before diagnosis

A 30-year-old black Namibian man was admitted to our hospital suffering from painless subcutaneous nodules on the right side of his trunk after a fall into an acacia tree as a teenager. As a child he had worked in the fields in northern Namibia. All nodules were removed by surgical excision and were described by the surgeon as black lead-shot-like particles sized 1–2 mm. Fascia was left intact. Conventional x rays showed no invasion of the deeper layers. Stained sections (H&E) revealed the typical rust-brown cement-like elements as seen in Madurella mycetomatis grains.\(^1\)\(^2\) The typical diffusion of the extracellular pigmented cement in the surrounding tissues was clearly present (fig. 1). We could not confirm the diagnosis by molecular techniques in this patient. Histopathology (H&E) and culture (Sabouraud) are the usual key diagnostic tools, although Destombes mentions that it is possible to establish \(M\) mycetomatis as the causative agent solely on histopathological features.\(^3\)

To our knowledge this is the first case of a patient with mycetoma due to \(M\) mycetomatis that originated in Namibia and was imported to Belgium. The localisation of the noduli is quite exceptional. Most cases are seen in feet (70%), followed by hands (12%) then legs and knees. Only in highly endemic areas might other parts of the body be affected as well.\(^4\) The pathogenesis remains a matter of debate. It is not clear whether the thorns of an acacia tree inoculated the fungus into our patient or if open wounds in contact with soil were responsible for his disease. Histopathology and culture (Sabouraud) are the usual key diagnostic tools, although Destombes mentions that it is possible to establish \(M\) mycetomatis as the causative agent solely on histopathological features.\(^3\)

Extensive surgery in combination with posaconazole (eumycetoma) is the treatment option of choice in developing countries. Itraconazole has shown great promise and recently a patient was treated successfully with voriconazole.\(^5\)\(^6\) Posaconazole has been proposed for other mycoses caused by pigment-containing fungi. According to Professor Bertrand Dupont (personal communication, 2008), non-steroidal anti-inflammatory drugs can play a role in the treatment of mycetoma.

We preferred to treat our patient with posaconazole 800 mg/day per os for 18 months as this agent shows promise in infections by melanin-containing fungi.\(^7\) The patient is recovering and no relapses or side-effects have occurred to date.

Mycetoma is a chronic, granulomatous inflammatory disease caused by fungi (eumycetoma) or bacteria (actinomyce
toma).\(^8\) It is generally accepted that eumycetoma prevails in the mycetoma belt that stretches between the latitudes of 15° south and 30° north.\(^9\)\(^10\) Stricto sensu the mycetoma belt does not include Namibia.

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REFERENCES


Figure 1 The whole lesion (low power, ×50).

Figure 2 The sebaceoma-like area showing the presence of peripheral palisading (arrows) (high power, ×200).