Multiple Discharging Nodules Over the Trunk

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Actinomycetoma, a chronic subcutaneous infection, is caused by filamentous aerobic bacteria. A 40-year-old male farmer, presented with 8 month history of multiple pus discharging nodules and sinuses over the right posterior trunk with edema and erythema [Figure 1a]. Histopathology revealed non-specific predominantly mononuclear inflammatory infiltrate in upper and mid-dermis with collagen deposition [Figure 2a]. The culture showed *Nocardia otitidiscaviarum* [Figure 2b]. Routine investigations were normal.

Patient was managed with Rifampicin (600 mg) once daily, and double strength cotrimoxazole (800 mg of sulfamethoxazole + 160 mg of trimethoprim) twice daily for 3 months.[1] Significant improvement was seen at 2 months with atrophic scarring and complete healing at 6 months [Figure 1b and 1c].

Consent for publication

The authors certify that they have obtained appropriate patient consent. The patient has given his consent for his images and other clinical information to be reported in

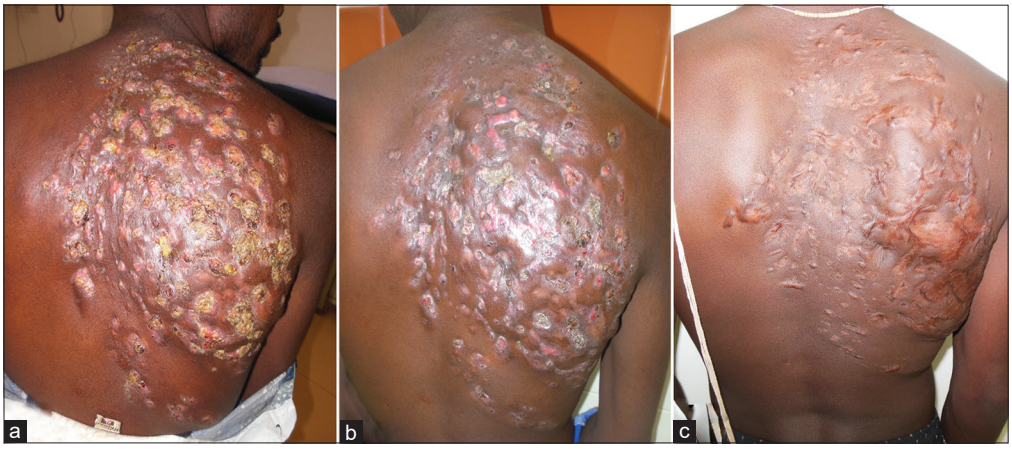

Figure 1: (a) Multiple draining nodules and sinuses over the right posterior trunk at presentation. (b) Improvement at 2 months, and (c) complete healing with atrophic scarring at 6 months

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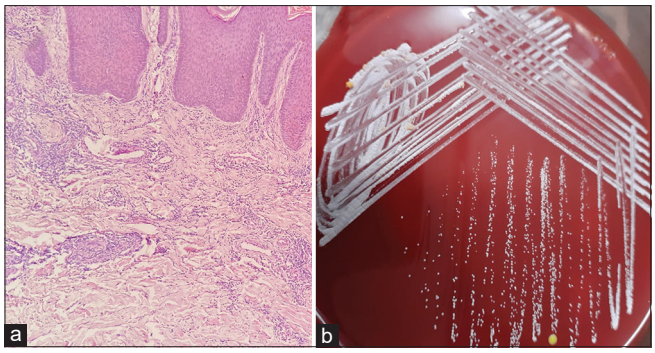

Figure 2: (a) Histopathology showing hyperkeratotic and acanthotic epidermis. Mononuclear infiltrate and collagen deposition in upper and mid-dermis (H&E 40x). (b) *Nocardia otitidiscaviarum* growth on culture

the journal. The patients understand that their names and initials will not be published.

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Nil.

Conflicts of interest

There are no conflicts of interest.

Reference

1. Joshi R. Treatment of actinomycetoma with combination of rifampicin and co-trimoxazole. Indian J Dermatol Venereol Leprol 2008;74:166-8.