Nocardial pyomyositis

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A 70-year-old male with Type II diabetes underwent plasmapheresis through the internal jugular vein 2 months ago for chronic inflammatory demyelinating polyneuropathy. Subsequently, he was on high-dose prednisolone and azathioprine. He presented to the emergency department with severe right thigh pain for 2 weeks. Examination revealed a fluctuant tender swelling of 4 cm × 7 cm size in the upper anterior thigh and antalgic weakness of adduction of right thigh. Ultrasound showed a well-defined intramuscular cystic lesion in the medial aspect of the right thigh measuring 8 cm × 4 cm. Magnetic resonance imaging showed a well-circumscribed ovoid-shaped T2-weighted homogenously hyperintense and T1-weighted hypointense lesion in the right adductor longus muscle, measuring 5.4 cm × 4.2 cm × 8.7 cm [Figure 1]. The lesion showed avid peripheral enhancement and thin enhancing septae and did not encase the underlying femoral artery. Ultrasound-guided aspiration revealed frank pus. Gram smear [Figure 2] and culture showed Gram-positive filamentous bacteria which were weakly acid fast (*Nocardia* sp.). He was initiated on treatment with trimethoprim-sulfamethoxazole for 3 months with good improvement.

Pyomyositis (tropical pyomyositis) is an uncommon primary infection of skeletal muscles. Seventy-five percent of cases occur in immunocompromised individuals, the thigh being a common site.[1] *Staphylococcus aureus* (90%) accounts for the majority of cases. Nocardial pyomyositis is extremely rare but responds well to treatment if initiated early.[2] Skeletal muscles are very resistant to infection; however, our patient could have developed nocardial pyomyositis from transient bacteremia during plasmapheresis as there was no evidence of systemic nocardiosis.

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Conflicts of interest
There are no conflicts of interest.

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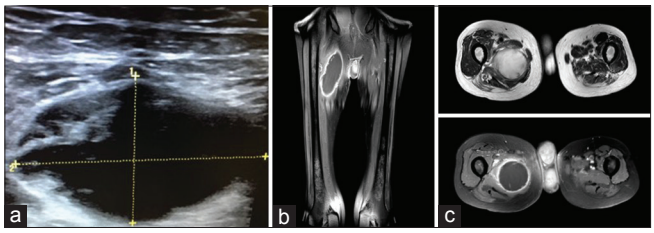

Figure 1: (a) Ultrasound showing 8 cm × 4 cm cystic lesion. (b) Coronal T1-weighted magnetic resonance imaging. (c) Axial T2 magnetic resonance imaging. (d) Axial T1 with contrast. A well-circumscribed ovoid-shaped altered signal intensity lesion in the right adductor longus muscle

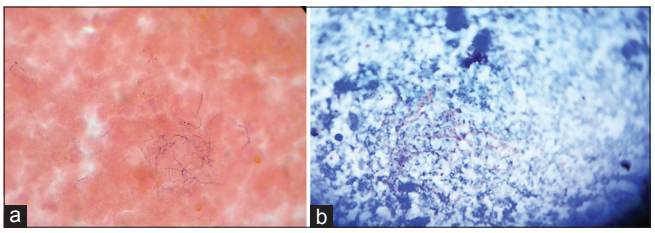

Figure 2: (a) Gram stain and (b) 1% acid-fast stain showing filamentous bacteria

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