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CASE REPORT

Dormant primary cutaneous actinomycosis: Acute exacerbation after 16 years

Lalit K. Makhija ^{a,*}, Manoj K. Jha ^a, Sameek Bhattacharya ^a,
Meenakshi Bhardwaj ^b, Ashish Rai ^a, Sharad Mishra ^a

^a Department of Plastic Surgery, Postgraduate Institute of Medical Education & Research and Dr. R.M.L. Hospital, New Delhi 110001, India

^b Department of Pathology, Postgraduate Institute of Medical Education & Research and Dr. R.M.L. Hospital, New Delhi 110001, India

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KEYWORDS

Actinomycosis;
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Summary Actinomycosis of head and neck are secondary to a nidus in the oral cavity and the aero-digestive tract. Primary actinomycosis without such predisposition is mostly due to trauma. We are presenting a case of this rare variant involving the forehead. The patient had a swelling over the forehead after a windscreen injury, which was asymptomatic for 17 years. However, 1 year ago, there was a repeat blunt trauma on the same site, but there was no breach of skin. Following this, the swelling became tender and started increasing in size. There was no response to a course of antibiotic and the patient had no concomitant history of any systemic illness. The swelling was excised and the biopsy revealed actinomycosis. This presentation of primary actinomycosis after such a long dormancy has never been reported before. This is yet another unusual presentation of actinomycosis, which is notoriously misdiagnosed owing to its rarity and numerous differential diagnoses.

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Actinomycosis is a suppurative and granulomatous chronic infection caused mainly by *Actinomyces israelii*, an anaerobic or microaerophilic filamentous bacteria, a resident of the oral cavity and the aero-digestive tract. Being

an oral commensal, the cervicofacial variant accounts for 40–60% of actinomycotic infection and the peri-mandibular area is the most common site (65%).¹ The pathogen can infect only when there is a breakdown of mucosa on which it resides.^{1,2} The bacteria enter and spread into deeper tissue disregarding tissue planes.¹ The common predisposition to actinomycosis of skin in the head and neck region are oral surgery, dental extraction, oromaxillofacial trauma, poor orodental hygiene, chronic otitis, mastoiditis

* Corresponding author. 1515, Outram Lines, GTB Nagar, Delhi 110009, India.

E-mail address: lalitmakhija@yahoo.com (L.K. Makhija).



Figure 1 A 20-year-old male with a diffuse and firm swelling over the forehead.

and sinusitis.^{1,3} The typical presentation is in the form of hard-to-firm ill-defined swelling, which slowly increases in size and in time becomes fluctuant and breaks into sinus, expressing purulent discharge with yellow-coloured sulphurous granules.⁴

Actinomycosis of skin has also been reported without any deeper foci or predisposition in the oral and aero-digestive tract and is termed as 'primary cutaneous actinomycosis'.^{5,6} Such cases are very rare and a case of this rare variant of actinomycosis is reported.

Case report

A 20-year-old male presented with a diffuse, ill-defined and firm swelling over the forehead. The patient had the swelling since 17 years following a windscreen injury. One year ago, he sustained a blunt injury over the swelling but there was no skin breakdown. Since then the swelling had been increasing in size and had become tender (Figure 1). The overlying skin was normal but slightly erythematous. He had no infective foci in the head and neck area such as dental apical abscess, sinusitis, otitis and mastoiditis. He had no history of any recent operative intervention in the cervicofacial area. There was no history of any constitutional symptoms such as fever, malaise, loss of weight or appetite. A computed tomography (CT) scan revealed a homogeneous soft-tissue mass with obscure margins with inflammatory reaction of the underlying calvarium (Figure 2). Fine needle aspiration cytology (FNAC) was inconclusive. Hence, an excision biopsy was performed.

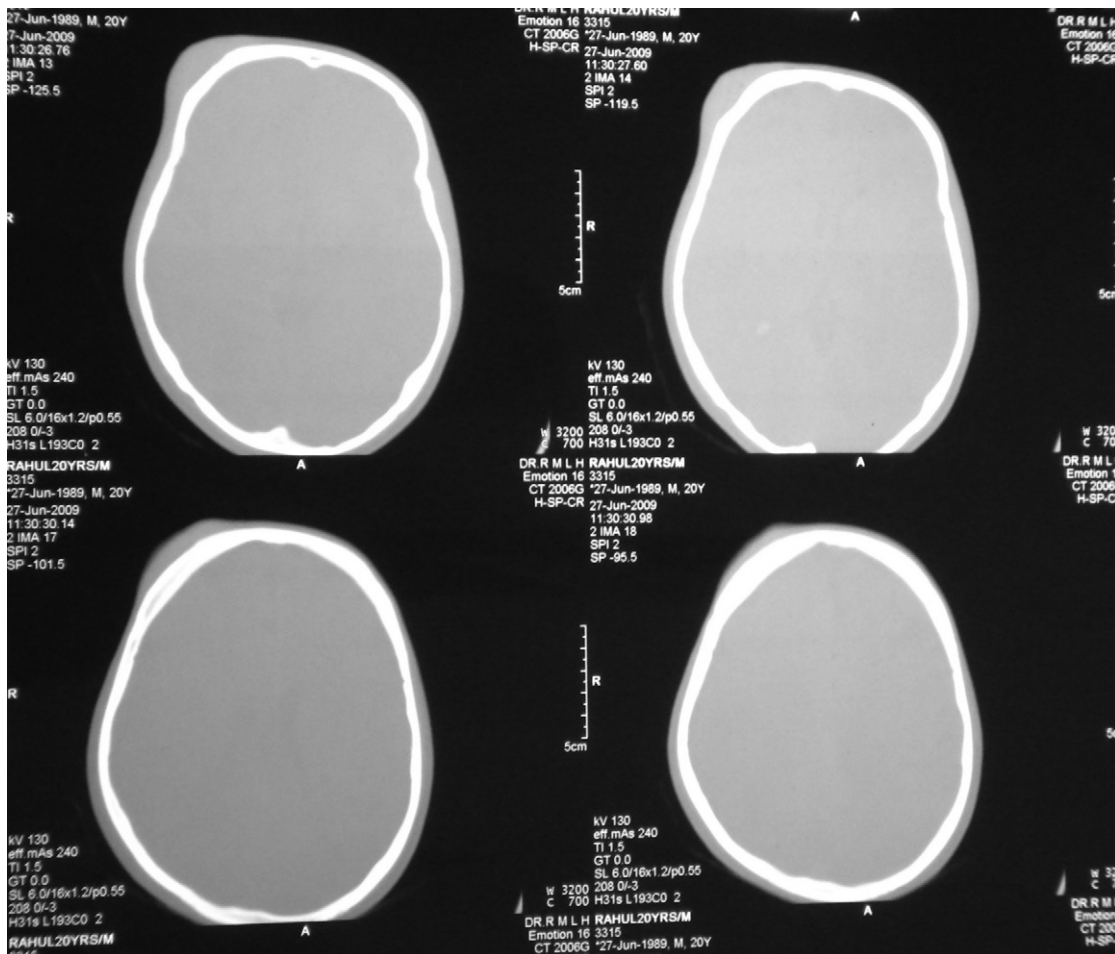


Figure 2 CT scan revealed a homogeneous soft-tissue mass.

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