



When Mycetoma goes beyond the skin a Case Report

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Introduction

Mycetoma is a chronic, progressively destructive granulomatous infectious disease that affects multiple organs and systems. It may be caused by different species of bacteria (most commonly *Nocardia brasiliensis*) or fungi. It typically involves the lower limbs, affecting the skin, subcutaneous tissue, and occasionally muscles and bones. Depending on its location, it may disseminate to the thoracic or abdominal cavities or to other regions of the body. The resulting deformities can lead to functional impairment and disability, making it a public health concern, with a 4:1 male-to-female ratio.

The disease is thought to be acquired through traumatic inoculation of the causative agents into the subcutaneous tissue. These microorganisms are considered soil contaminants, especially in tropical areas, and are prevalent among rural workers. In Argentina, it is endemic in the northwestern region. It is most often observed in populations with low socioeconomic status, poor

nutrition, precarious living conditions, and limited access to health care. Lesions produced by the inoculating agents may cause significant disability.

Case Report

A 55-year-old woman with no relevant past medical history presented with several months of dyspnea, fever, and unquantified weight loss. Physical examination revealed marked deformity of the left foot, with substantial woody swelling and multiple nodules. Several draining fistulas released serous material containing yellowish granules, with an approximate evolution of 25 years.

ACT scan of the chest and left foot was performed. Thoracic imaging revealed a soft-tissue density mass in the mediastinum, composed of multiple rounded lesions that enhanced with contrast, forming a conglomerate located below, above, and anterior to the

cardiac silhouette (Fig. 1). A biopsy of the mediastinal lesion was obtained. Histopathology showed numerous basophilic filamentous structures of varying size with a peripheral eosinophilic halo, consistent with the Splendore–Hoepli phenomenon (Fig. 2). Given the clinical, radiological, and pathological findings, mycetoma was diagnosed. Treatment with trimethoprim–sulfamethoxazole was initiated with good tolerance. The patient was discharged with outpatient follow-up.

Conclusion

This case is presented due to the rare simultaneous

involve men of the foot and mediastinum, without compromise of the lung parenchyma or thoracic wall.

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Conflict of interest

The author(s) declare no conflicts of interest.

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Figure.1

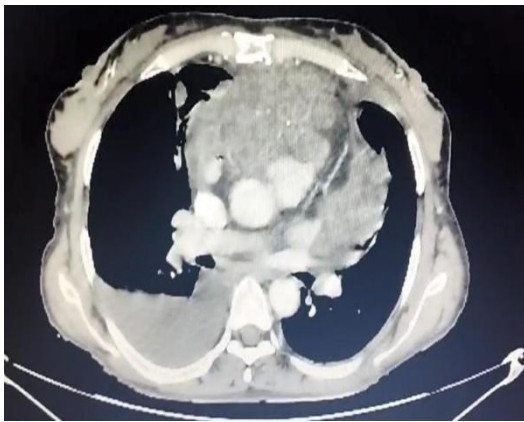


Figure.2

