

## Inguinal Mycetoma

Sir,

Mycetoma is a localized chronic, granulomatous infection of the subcutaneous tissue, skin and bone caused by actinomycetes or true fungi (1). It presents as multiple discharging sinuses, nodules and swelling of the affected part and characteristically involves the foot but occasionally the hand, back and shoulder (2). In endemic areas, mycetomas at unusual sites such as head and neck (3), testis (4), mandible (5), paranasal sinuses (6) and eyelid (7) have been reported. We recently observed mycetoma occurring primarily in the inguinal region, a site not previously reported to be involved.

### CASE REPORT

A 22-year-old male college student had developed multiple sinuses in the right inguinal region 8 years earlier. He reported discharge of multiple black granules and a foul-smelling seropurulent discharge. There was no history of trauma preceding the onset of the lesions. On examination, multiple discharging sinuses with undermined and puckered edges with surrounding hyperpigmentation were seen in the right inguinal area (Fig. 1). There was an underlying indurated, nontender plaque of 12 × 5 cm size. A seropurulent discharge along with 1-mm to 3-mm sized black granules could be expressed from the sinuses. The regional lymph nodes were enlarged, discrete and nontender. A 10% potassium hydroxide preparation of the crushed granules showed branching hyphae embedded in an amorphous yellow brown cement substance. A deep skin biopsy from one of the sinuses revealed a dense collection of lymphocytes, histiocytes and epithelioid cells interspersed with neutrophils and eosinophils. Fungal hyphae were seen in aggregates surrounded by an inflammatory infiltrate. The hyphae stained pink with periodic acid Schiff stain. Culture of the granules grew *Madurella mycetomi*. X-ray of the pelvic bones revealed no abnormality. The patient had previously received dapsone 200 mg and tetracycline 1 gm daily for 3 years with no improvement. We instituted ketoconazole 200 mg twice daily, which the patient has received for about 3 months with no significant benefit yet.

### DISCUSSION

Involvement of the inguinal lymph nodes secondary to mycetoma of the foot is not usual but is known to occur in some patients (8). However, primary involvement of the inguinal fold, as seen in our patient, appears to be uncommon.

The classical appearance of mycetoma as a swelling with discharging sinuses was lacking in our patient, causing confusion with other conditions such as scrofuloderma and hidradenitis suppurativa. However, the discharge of black granules provided a clue to the diagnosis, subsequently proven by 10% potassium hydroxide preparation and culture of the granules.

Though the patient denied any history of trauma, inoculation of the fungus by a slight or unnoticed injury appears to be the most likely mode of infection.



Fig. 1. Mycetoma of right inguinal fold showing multiple sinuses with puckered edges. Note black granule on thigh.

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