Mycetoma Foot Caused by Aspergillus in a Diabetic Patient

Narendra Kotwal¹, Uday Yanamandra¹, Sonia Badwal² and Velu Nair¹

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A 58-year-old woman, a known diabetic on regular insulin therapy presented to the emergency department in an unconscious state. She was diagnosed and managed as diabetic ketoacidosis. She persisted to have unstable diabetes control. Detailed clinical examination revealed a 2x5 cm finger shaped mass arising from the posterior aspect of the right foot (Picture 1a) which was reported to be present for a period of only 14 days.

Incisional biopsy and histopathological examination revealed a fungal mass with PAS and Grocott’s stain revealing hyphae and conidiophores of Aspergillus fumigatus (Picture 1b-d) confirmed on sub-culturing. Investigation also revealed fungemia with A. fumigatus. Cutaneous aspergillosis in the form of an erythematous nodule later deteriorating to ulcerative disease is described in the literature (1). Presentation as mycetoma in extra pulmonary areas is rarely reported (2). This patient was managed with surgical excision and liposomal amphotericin B with complete resolution of the lesion and euglycemia.

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¹Department of Internal Medicine, Armed Forces Medical College, India and ²Department of Pathology, Armed Forces Medical College, India

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Correspondence to Dr. Uday Yanamandra, udayj2@gmail.com and udayj2yanamanadra@gmail.com
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References