INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

ROLE OF A NON-STEROIDAL ANTI-INFLAMMATORY IN THE TREATMENT OF A BLACK GRAIN EUMYCETOMA

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Background: Mycetoma is a chronic infectious disease, caused by bacterial actinomycetes or by fungi eumycetes. We report a case of eumycetoma (EM) that failed to respond to antifungal treatment but responded strongly to the addition of a non-steroidal anti-inflammatory drug (NSAID).

Observation: A 22-year-old man from Algerian's Sahara was referred to our department for a swelling of the left foot that had evolved for two years. A diagnosis of EM was made on the basis of a clinical examination: emissions of small black grains, microscopic examination, and histopathologic findings. There was no regional lymphadenopathy and no other abnormalities were found. Conventional radiographs and scan of the left foot showed intraosseous cavity of the 4th and 5th metatarsal. The patient was treated with systemic antifungal drugs: fluconazole: 400 mg/day IV associated to oral terbinafine: 250mg/day for two months without any improvement. This treatment was replaced by oral voriconazole: 200mg twice daily. To treat the patient's pain and inflammation, a NSDAI treatment, Diclofenac was prescribed at a dose of 100 mg/day as a palliative measure one week later. A dramatic improvement was observed within one week. One month later, the wound had closed and the subcutaneous induration dramatically decreased. After two months, the clinical examination was quasi-normal and the bone scan showed stable disease. The treatment with voriconazole and Diclofenac was continued.

Key message: This case suggests that the combination of a NSAIDS and an antifungal drug may be beneficial for the treatment of EM. It also suggests that inflammation plays a major role in the pathophysiology of this infection. This is consistent with the recent description of another patient with EM who also presented a dramatically improvement after the association of NSAIDS to the antifungal treatment. Clinical studies of treatments including an NSAID should be conducted to confirm this finding.