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

SUCCESSFUL TREATMENT OF ACTINOMYCETOMA

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Background: Actinomycetoma is a part of madura foot caused by aerobic filamentous bacteria that form grains in the tissue. It is a chronic, localized, progressively destructive, granulomatous infection acquired from traumatic inoculation. Distribution is commonly in tropical and subtropical areas, but it is considered a rare case in Indonesia thus often at an advanced stage when first diagnosed. Different classes of chemotherapeutic agents are being used in various combinations and durations for treatment of actinomycetoma.

Observation: A 24-year-old male who complained of painful swelling with multiple draining sinuses on his left foot was consulted from orthopedic department with bone tuberculosis. The lesion had started three years previously as an uncomfortable induration without any apparent predisposing factors. Surgical intervention and one year rifampicin had been given without improvement. The diagnosis of actinomycetoma was then established based on clinical manifestations, the presence of bone destruction from radiological findings and grain from direct microscopic examination with 10% KOH that could revealed the probable causative agent, Streptomyces somaliensis, according to the size, form, and color identified. Amikacin and trimethoprim–sulfamethoxazole were given, but amikacin was changed to rifampicin in the middle of third cycle because of ototoxicity. Significant clinical improvement appeared after 5 cycles, with a substantial decrease in foot circumference from 32 cm to 26,5 cm, closure of sinuses, and the ability to walk without pain.

Key message: Successful treatment can be achieved by proper drug regimen even though the condition is severe. Treatment can be modified if there is clinical or laboratory evidence of toxicity and the right modification will continue to produce good result.