
Case Report

A Mysterious Case of Vulval Botryomycosis Simulating Lymphangiectasias – A Special Case Report

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ABSTRACT:

Botryomycosis (or bacterial pseudomycosis or pyoderma vegetans) is a rare chronic, granulomatous, suppurative bacterial infection involving the skin and subcutaneous tissues. It was first described by Bollinger. We are reporting the first case report of vulval Botryomycosis in Asia. A 55 year old married female presented with a multiple fluid filled cystic vesicles in the vulval region for 6 months. The diagnosis of botryomycosis was confirmed by biopsy. The tissue samples on blood agar and McConkey agar revealed the presence of beta hemolytic colonies. She was treated with antibiotics as per the sensitivity pattern. It is crucial to diagnose this disease at an earlier stage to prevent irreversible scarring and permanent damage to the underlying structure.

Key Words: Vulval Botryomycosis, Rare Vulval Disease, Lymphangiectasias, Warts, Botryomycosis

INTRODUCTION:

Botryomycosis or bacterial pseudomycosis or pyoderma vegetans is chronic, granulomatous, suppurative bacterial infection of skin and subcutaneous tissues.^{1,2,3} It was first described by Bollinger.² Vulval botryomycosis is a very rare disease, scarcely described in the international literature. Majority of the patients of the cutaneous form have predisposing factors like diabetes, postsurgical lacerations of skin, chronic mucocutaneous candidiasis, T-cell abnormality or steroid therapy.^{1,2,4} So far in our knowledge this is the first case report of vulval botryomycosis in Asia.

CASE HISTORY:

A fifty five year old female presented with multiple non-healing, tender fluid filled cystic vesicles in the vulval region for 6 months. There was no history of prior history of existing vulval dermatosis, trauma and operative interventions. She was earlier misdiagnosed and treated as warts and lymphangiectasias elsewhere without improvement. The clinical examination showed multiple pinkish to skin coloured vesiculo-cystic lesions which were present over vulval region with underlying firm vulval oedema. These tests were ordered: complete blood count, fasting glucose, urea, creatinine, anti-HIV serology, chest radiograph, and ultrasonography of vulval region. The Purulent secretion was collected from the lesions for culture using the media blood agar and Sabouraud agar etc. The biopsy was performed. The tissue samples on blood agar and McConkey agar revealed the presence of beta hemolytic colonies of pseudomonas aeruginosa and coagulase positive staphylococcus aureus which was favouring the above diagnosis. The biopsy showed squamous hyperplasia, chronic

inflammatory exudate with necrotic material and botryomycotic colonies.

DISCUSSION:

It is imperative to diagnose this chronic bacterial granulomatous disease at an earlier stage to prevent irreversible scarring and permanent damage to the underlying structure. The surgical excision is helpful in smaller lesions only. The medical treatment is complicated by lack of adequate penetration of antibiotics in the sequestered grains and granuloma. There is paucity of literature on this subject with few case reports. We considered Mycetoma, botryomycosis, actinomycosis, warts, donovanosis & lymphangioma circumscriptum as differential diagnoses, and patient was investigated accordingly. She was treated with amoxicillin, clavulanic acid combination and ciprofloxacin as per the sensitivity pattern for 4 weeks followed by azithromycin thrice weekly pulse for 12 weeks with wonderful response. The Excision was not possible because of the large area involved. More studies are required for its treatment protocol.



Figure 1 Fluid filled cystic vesicles in the vulval region



Figure 4 Colonies on blood agar

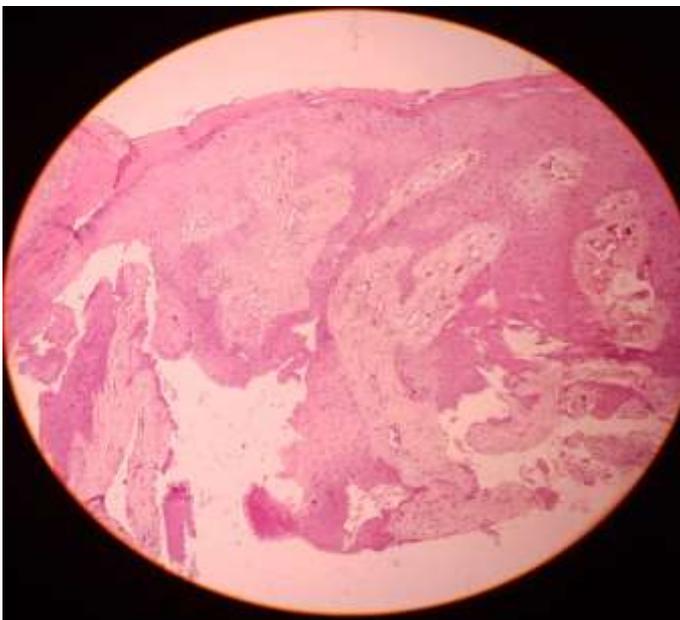


Figure 2 Squamous hyperplasia, chronic inflammatory exudate with necrotic material and botryomycotic colonies

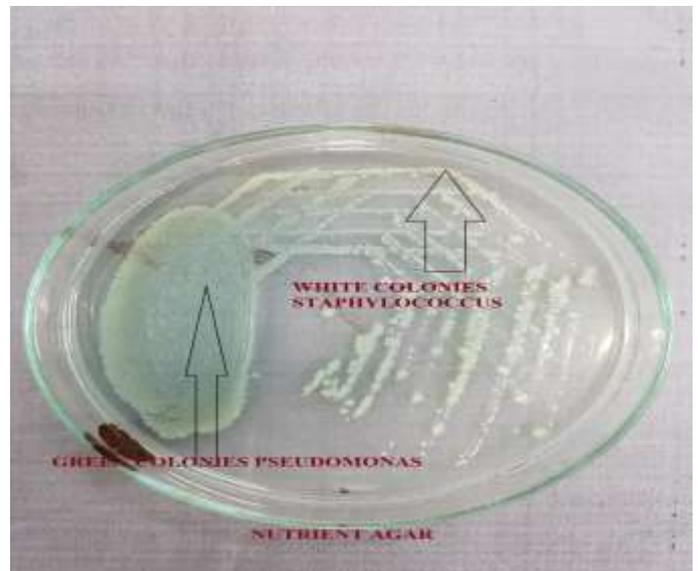


Figure 5 Colonies on nutrient agar

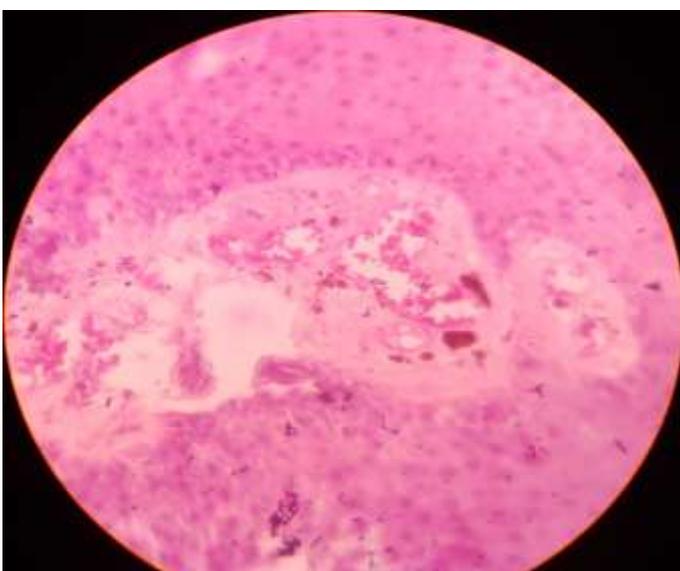


Figure 3 Botryomycotic colonies in high power resolution

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