

DEEP FUNGAL OSTEOMYELITIS RESEMBLES MALIGNANCY

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Introduction: Fungal infection is quite common to manifest as dermatophytosis however rarely causes osteomyelitis. Fungal infection involving upper limbs are extremely rare in an immunocompetent patient. A slow progressive mass always warrants to rule out malignancy. Here we are reporting a case of deep fungal infection that led to osteomyelitis of the metacarpals that resembled malignancy.

Discussion: A 58-year-old gentleman presented with 1 year history of painless swelling over his left hand. The swelling was preceded by a history of trauma whereby he accidentally hit his left hand on a metal pole, but did not sustain any open wound or bruising. He then started to have progressive swelling which associated with night pain intermittently which resolved spontaneously and also night sweat. Patient denied any history of constitutional symptoms or TB contact. Examination of left dorsum hand showed firm mass measuring 7 x 6 cm, with dilated veins without skin changes. There was tenderness over the base of 4th and 5th metacarpals with limited range of movement of the wrist. Tinel sign was absent. Investigations revealed raised ESR and positive CRP, with tumour markers within normal range. Plain radiograph showed lytic lesion over base of 4th and 5th metacarpals with periosteal reaction. MRI showed locally aggressive mass with presence of rice bodies. Proceeded with incisional biopsy, histopathology report showed cluster of fungal hyphae with underlying granuloma formation with multinucleated giant cells. Patient was started on anti fungal agent and subsequently noted to have resolution of the mass size.

Conclusion: A slow growing mass should always raise a high index of suspicion for investigation of malignancy. Incisional biopsy is very crucial in order to confirm the diagnosis and for initiation of right definitive treatment. Anti fungal treatment alone was noted to be sufficient in order to treat deep fungal osteomyelitis, without any invasive surgical intervention.