

Actinomycosis Of Distal Phalynx 20 Years Post Flap Reconstruction Of Index Finger

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INTRODUCTION:

Actinomycosis is a chronic granulomatous suppurative infection caused by anaerobic bacteria from genus *Actinomyces* which are normal flora of mouth, colon and vagina. Actinomycosis of upper extremity is rare. We report the first case of Actinomycosis distal phalynx of finger many years post flap reconstruction.

CASE DISCRIPTION:

Patient presented with two months of chronic discharging sinus from the tip of his right index finger which sustained a degloving injury 20 years before. It was treated with an anterior chest wall flap which healed uneventfully but was bulky due to excess tissue from donor site. X-ray noted osetomyelitis changes of distal phalynx. Debulking surgery with curretage of the distal phalynx was done.

RESULTS:

Wound healing was uneventful. He was treated with 6 weeks of metronidazole and ciprofloxacin. The distal phalynx cultured actinomycosis odontolyticus. Histopathology of the debrided tissue yield chronic inflammation.

Figure 1a showing pre op palmar view with bulky index finger.

Figure 1b showing post op palmar view with much acceptable finger and controlled infection.



DISCUSSIONS:

As far as we are concerned, there are no reports of actinomycosis in a previous flap involving the finger. The infection was probably dormant for many years before manifesting as a discharging sinus. Although the finger was bulky, it was not problematic until it started to have serous discharge. With a through debribment of all infected tissue, six weeks of antibiotic is adequate. Ciprofloxacin was based on culture. Metronidazole was added as actinomycosis is anaerobic. Response was prompt as patient was not imunocompromised. 6 months post surgery revealed the finger with good function. If not because of the discharging sinus, patient would probably have tolerated his bulky finger for the rest of his life.

CONCLUSION:

We highlight a rare case of actinomycosis of distal phalynx. Through surgical debribment with adjuvant antibiotic therapy possibly gives the best results in eradicating chronic infection.

REFERENCES:

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