CASE REPORT

Scedosporium apiospermum Causing Septic Arthritis of the Hand in an Immunocompetent Patient

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ABSTRACT

This report is of a 44-year-old immunocompetent woman with septic arthritis of the right hand. Scedosporium apiospermum was isolated from the hand. The patient was treated with radical debridement and arthrodesis of the wrist. Itraconazole was given postoperatively as long-term therapy. Although Scedosporium apiospermum infection is more common in immunocompromised patients, it has been reported in immunocompetent patients. The treatment of choice is surgical debridement together with antifungal therapy.

Key Words: Itraconazole, Osteomyelitis, Scedosporium, Wrist

中文摘要

Scedosporium apiospermum在免疫系統健全的病人引發手部關節炎

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一名身體健康的44歲病人，因手部患有Scedosporium apiospermum感染，而引致手部關節炎。她接受了局部清創手術及手關節固定手術後，再接受長期抗生素治療，現在感染已受控制。Scedosporium apiospermum感染雖然較多在免疫系統有問題的病人身上發生，但近年亦發現這感染在一些身體健康的病人出現。在醫治這病症上，清創手術及抗生素治療是現今最有效的治療方法。

INTRODUCTION

Scedosporium apiospermum is the asexual state of the ascomycete Pseudallescheria boydii. S. apiospermum is found in soil, sewage, and polluted water. This organism usually causes infection in immunocompromised individuals. This report describes a patient with infection of the right hand that subsequently developed into septic arthritis. The causative agent was found to be S. apiospermum.

CASE REPORT

A 44-year-old woman sustained a penetrating injury to the right palm from a nail when she was 5 years old and developed a lump with an intermittent discharge. The lump was otherwise asymptomatic and there was near normal range of motion of the right wrist. An excisional biopsy was performed in 1994 at another hospital. The biopsy showed acute-on-chronic inflammation, with a mixture of lymphocytes and degenerate polymorphs surrounding necrotic centres. A provisional histological diagnosis of actinomycosis was made. The woman was treated with tetracycline, ampicillin, and cloxacillin for 2 months.

The infection recurred after 1 year. The woman developed right wrist swelling and a painless lump at the wrist. There were also multiple discharging sinuses surrounding the lump (Figure 1). There was