

## Clinical Image

# Primary Cutaneous Nocardiosis

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An otherwise healthy 80-year-old female was a housewife but had habit of handling ginger. She presented to the hospital with pain, erythema, swelling, and pustules over right lower leg for 2 days (Figure A). The symptoms progressed rapidly. The physical examination showed that her temperature was 38.0°C, and her blood pressure was 144/92 mmHg. The right lower leg was swollen, with some pustules over it. Right lower extremity was warm, but the patient was very painful when examination. Computed tomography of lower extremity showed soft tissue inflammatory change with subcutaneous fluid accumulation



**Figure 1** Right lower leg.

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over right lower leg. Emergent fasciotomy was performed. Staining of the pus collected during surgery showed gram-positive branching rods (Figure B). It was also positive for modified acid-fast stain, using 1% sulfuric acid as a decolorizer (Figure C). Cultures grew *Nocardia* species. *Nocardia* species are environmental saprophytes and can be found in soil or organic matter. Human are infected by direct inoculation of the skin or by inhalation. Although immunocompromise is a risk factor for nocardiosis, primary cutaneous nocardiosis can develop in immunocompetent hosts, as our patient [1]. The patient received debridement few days later and was treated with trimethoprim-sulfamethoxazole for 3 weeks. The patient was doing well and continued to take oral trimethoprim-sulfamethoxazole for 3 months after discharge.

**REFERENCES**

1. Acevedo CT, Imkamp F, Maggio EM, Brugger SD. Primary cutaneous nocardiosis of the head and neck in an immunocompetent patient.