



2021 Annual Spring Virtual Meeting | Abstract Submission

When Madura Foot is not on the Feet

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A 33-year-old male who works as a landscaper presented to our emergency department with complaint of severely painful nodules on the lower extremities. His symptoms had begun 12 months prior with small inflammatory papules over bilateral knees and distal thighs. These papules had since progressed into intensely painful nodules and plaques in the same distribution. He also developed a large nodule in his right groin. Full review of systems was positive only for an 8-lb weight loss over the course of 6 months. Physical exam showed hyperpigmented plaques with diffuse underlying pink granulomatous appearing nodules and overlying excoriations and scarring (figure 1.). In the right groin was an 8-cm deep indurated suppurative nodule with multiple surrounding satellite nodules. Vital signs, CBC, and CMP were all within normal limits. Initial differential diagnosis included metastasis, mycetoma, sarcoidosis, sporotrichosis, leishmaniasis, atypical mycobacterial, or fungal infection. Punch biopsy and subsequent incisional biopsy showed pseudoepitheliomatous hyperplasia with mixed dermal inflammation on pathology without any infectious organisms identified. Core needle biopsy of right inguinal mass showed plasmacytosis and granulation tissue. Two weeks later, tissue cultures grew *Nocardia brasiliensis*. This case highlights the importance of clinical exam and investigative persistence when multiple tissue biopsies do not reveal a suspected diagnosis. This also emphasizes the importance of keeping some uncommon infectious differentials even when patients are not immunosuppressed or if they present in atypical locations.







