

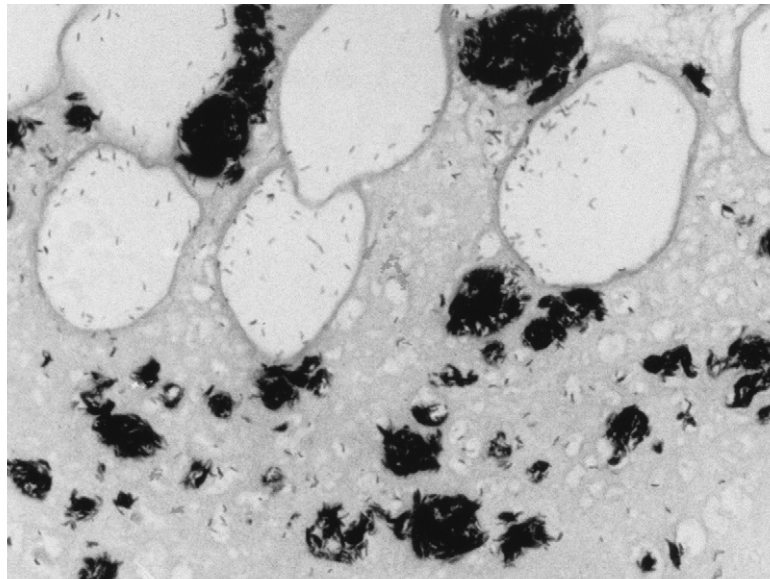
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Clinical picture

Mycobacterium ulcerans disease (Buruli ulcer) following human bite

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An otherwise healthy, afebrile, 13-year-old girl presented to a rural hospital in Benin with a small superficial ulcer of the skin of the right forearm and marked induration extending from the dorsum of the hand to the elbow, without regional lymphadenopathy. A playmate had bitten her on the forearm approximately 1 month previously. Clinical diagnosis was early disseminated *Mycobacterium ulcerans* disease. The next day, all involved skin, subcutaneous tissue, and fascia were widely excised, followed 2 weeks later by split-thickness skin grafting. The patient was discharged 35 days after admission. Histopathological changes included extensive coagulation necrosis of subcutaneous tissue and fascia, dead fat cells, and clumps of acid-fast bacilli. Tissue specimens were PCR and culture positive for *M ulcerans*. Most likely the patient's skin surface was contaminated with *M ulcerans* from an environmental source (eg, swamps) and driven into the skin by the playmate's bite. *M ulcerans* disease, after tuberculosis and leprosy, is the third most common mycobacterial disease of humans and often leads to serious deformity and disability.



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