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# PYODERMA VEGETANS. REPORT ON A CASE AND REVIEW OF DATA ON PYODERMA VEGETANS AND CUTANEOUS BOTRYOMYCOSIS

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## ABSTRACT

A 47-year-old man is presented with a large verrucous, crusting purulent plaque on the dorsum of his hand. Bacteriological cultures revealed *Staphylococcus aureus*, Beta hemolytic *Streptococcus* and *Hemophilus influenzae*. Histology showed pseudoepitheliomatous hyperplasia and chronic inflammation. No grain formation was shown. Prolonged course of ampicillin treatment combined with x-ray resulted in complete clearing of the lesion.

The literature is reviewed with special emphasis on pyoderma vegetans and cutaneous botryomycosis. It is suggested that these two disorders are closely related and they should be classified in one group.

## KEY WORDS

*pyoderma vegetans, relation to botryomycosis*

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## INTRODUCTION

Pyoderma vegetans or chronic vegetating dermatitis is an uncommon form of the pyodermas. The clinical picture is similar to a deep mycotic infection, therefore the terms blastomycosis-like pyoderma (1,2,3), mycosis-like pyoderma (4) are used as synonyms for pyoderma vegetans. The disease is characterized clinically by verrucous, solitary or multiple plaques with pustules and elevated border, histologically by pseudoepitheliomatous hyperplasia with abscess formation and the growth of pathogenic bacteria from the lesion. Cutaneous botryomycosis is a rare bacterial infection of the skin. Clinically the disease resembles a deep fungal infection. The histologic hallmark of the disease is the presence of basophilic, fungus-like

granules, the grains in a suppurative focus, with aggregates of causative bacteria. Pyoderma vegetans and cutaneous botryomycosis are similar diseases. The number of the reports on these diseases is relatively low. To the best of our knowledge there is no report discussing the two entities. Because of the similarities we feel that it would not be useless to summarize and compare the data of the two processes, while reporting a case.

## CASE REPORT

A 47-year-old, alcoholic man presented to our clinic with a 1.5-year history of a slowly enlarging lesion on the dorsum on his left hand. There was a history of preceding trauma, by a rusty fence.

