

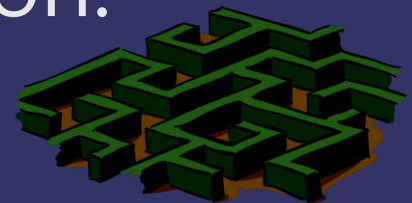
# *SPC*

GS Chiu Yi Chou  
102-12-28



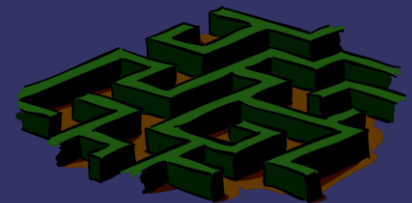
# *Case present*

- 69 years old male
- Visited to us on 27-May for a nodular lesion
- over the neck for 3 months
- PE showed a nodular lesion with reddness , swelling, local tenderness & little discharge
- Medication by oral antibiotics treatment for 3 weeks but in van.
- Refer to GS for surgical intervention.



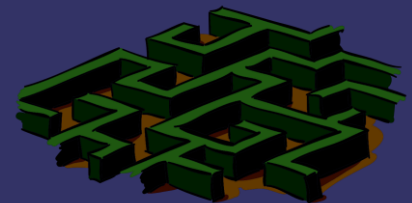
# *Case present*

- The past history showed DM and hypertension with poor control
- The past decades with teeth extraction was noted.
- There was no significant travel history.



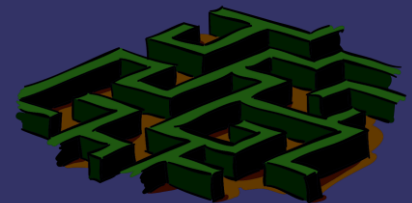
# *Differential diagnosis*

- ⇒ Bening lesion
  - Seborrheic keratoses
  - Actinic keratoses
  - Nervi
  - Epidermoid Including cyst
  - Neurofibromas
  - Lipoma
  - Ganglion cyst
- ⇒ Malignant lesion
  - Dermatofibrosarcoma
  - Desoid tumor
  - Melanoma
  - Basal cell carcinoma
  - Squamous cell carcinoma



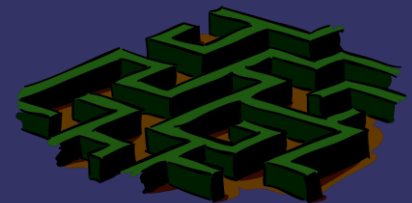
# *Poor healing wound*

- ➔ Intrinsic or local factors
  - Ischemic and hypoxia
  - Infection
  - Presence of foreign body and necrotic tissue
  - Chronic venous insufficiency
  - Radiation
  - Edema



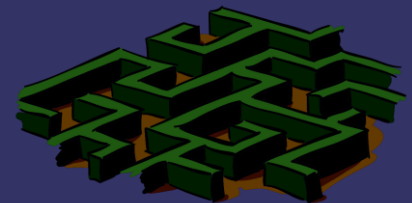
# *Poor healing wound*

- Extrinsic or systemic factors
  - Malnutrition
  - DM
  - Steroid or anti-neoplastic drugs
  - Smoking
  - Collagen vascular disease
  - Cleansing agent or chemicals which impair by affection cell migration
  - Repetitive trauma
  - Renal disease and liver disease
  - Hematopoietic disease



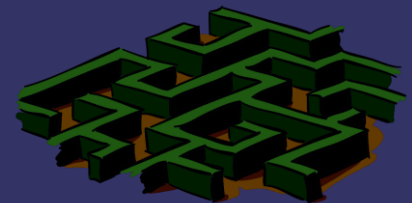
# *Impression*

- ⇒ A nodular lesion with regional cellulitis over the neck
  - Infective epidermoid including cyst
  - Un-usual infection
    - Fungus infection
    - TB
    - Un usual bacteria infection
  - Neogrowth
  - Immunocompromised (DM with poor control)



# *Treatment*

- ➔ Operation on 6-27
  - Wide excision the tumor lesion over the neck
  - Size about 3x4cm
  - Tumor deep to muscle layer
  - Irregular margin and central necrosis with calcification
  - Post op course was smooth and remove the stitch 2 weeks later.





# *Cervicofascial actinomycosis*

- Gram positive bacteria
- Difficult to culture because of normal flora at skin
- Poor dental hygiene and dental abscess
- Break in the integrity of mucosa and aspiration to lung
- Infection presents as a chronic suppurative inflammation.
- Usually at cervicofacial, thorax, or abdomen area



# *Actinomycosis*

- An opportunity in the immunocompromised patient such as malignancy, DM, HIV infection, alcoholism
- Treatment by penicillin with full course (6 weeks).

