

African Journal of Medicine and Medical Sciences

Editor: O.A. Ladipo
Assistant Editors:
B.O. Osotimehin and A.O. Uwaifo

Volume 18
1989

DIGITIZED BY E-LATUNDE ODEKU LIBRARY COLLEGE OF MEDICINE, UI

Pyomyositis: a report on two cases from a region with a temperate climate

G. T. ESPERSEN

Regional Centre for Blood Transfusion and Clinical Immunology, Aalborg Hospital,
9000 Aalborg, Denmark

Summary

Two cases of pyomyositis in Caucasians, from a region with temperate coastal climate is reported. The identification of staphylococci as an aetiological factor in both temperate and tropical regions is mentioned, and so are other possible identical aetiological factors.

Résumé

Voici un rapport de deux cas de Pyomyositis entre des gens de race caucasienne, demeurant dans une région au climat maritime. L'importance de la présence des staphylocoques comme un facteur déclenchant chez Pyomyositis, dans les régions tempérées et tropiques, est soulignée. Autres facteurs possibles et identiques de la maladie sont mentionnés tout court.

Introduction

Pyomyositis (PM) is an infectious disease rarely found in temperate climates. The disease is characterized by inflammation and usually supuration of striated muscle. It is common in certain areas of the tropics, therefore it is often given the name Tropical Pyomyositis. Pyomyositis is accompanied by general malaise and the risk of complications if proper treatment is not undertaken [1,2]. We report two cases of Pyomyositis in Caucasians from Denmark with temperate coastal climate.

Case report 1

A 24-year-old man, previously healthy, was referred to hospital with a suspected right femoral hernia. There was no knowledge of previous

trauma. An operation revealed an abscess situated under the fascia in the right side femoral adductor muscle.

Laboratory findings were haemoglobin (Hb) 8.6 mmol/l, s-ascorbic acid 42.2 μ mol/l (17-93.7), leucocytes $14 \times 10^9/l$. *Staphylococcus aureus* was cultured from the abscess.

Case report 2

A 62-year-old man was referred to hospital with acute abdomen (suspected ileus). The ileus diagnosis was eliminated after clinical investigation and X-ray. The skin on the left side of the patient's abdomen around the umbilicus and extending down towards the left iliac fossa was red, indurated and tender. Under observation the patient became feverish and the area on the abdomen became demarcated. An operation disclosed a cavity containing large amounts of pus, located intramuscularly and including both rectus muscles.

Laboratory findings were: Hb 9 mmol/l, leucocytes $40.2 \times 10^9/l$. Haemolytic streptococci and enterobacteria were isolated.

Diagnosis and treatment

This is often delayed in countries with a temperate climate due to the rare occurrence of the disease, even though within the last years the disease has been recognized with increasing incidence. In temperate areas computed tomography scans, Gallium-scans and grey scale ultra-sound are used as diagnostic tools when the Pyomyositis is suspected [3-5].

In the literature regarding Pyomyositis, it is difficult to find identical aetiological factors for temperate and tropical regions; however, bac-

teriological staphylococci are found in 80% of the cases in both regions [6].

Theoretically all factors could be identical; unfortunately conditions such as climate, geographical and nutritional factors and parasites are extremely difficult to compare and estimate.

Acknowledgment

The author thanks the Chief Surgeon, A. Tilma, Brønderslev Hospital, Denmark.

References

1. Horn CV, Master S. Pyomyositis Tropicans in Uganda. *East Afr Med J* 1968;45:463-71.
2. Taylor JF, Shaw B, Bluming A *et al.* Tropical Myositis. Clinical and laboratory studies. *Afr J Med med Sci* 1973;4:409-18.
3. Lamki L, Willis RB. Radionuclide findings of Pyomyositis. *Clin Nucl Med* 1982;7:465-7.
4. Yousefzadeh DK, Schumann EM, Mulligan GM, Bosworth DE, Young CS, Pringle KC. The role of imaging modalities in diagnosis and management of Pyomyositis. *Skeletal Radiol* 1982;8:285-9.
5. Weinberg WG, Dembert ML. Tropical Pyomyositis: delineation by gray scale ultrasound. *Am J Trop Med Hyg* 1984;33:930-2.
6. Shepherd JJ. Tropical Myositis: is it an entity and what is its cause? *Lancet* 1983;i:1240-2.

(Accepted 10 August 1987)

DIGITIZED BY E-LATUNDE ODEKU LIBRARY COLLEGE OF MEDICINE, UNIV. OF UYO