Letters to the Editor

Dear Editor,

Actinomyces is a chronic suppurative infection caused by Actinomyces sp. (Figure 1).

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In this context, the monitoring of leprosy patients through the use of bedside ultrasound evaluation is a quite useful tool.

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Osteomyelitis of the maxilla caused by Actinomyces sp.

Dear Editor,

We report the case of a 76-year-old female patient with diabetes and hypertension that were not being treated on a regular basis. She had undergone a tooth extraction, then continued to feel pain and had a persistent low fever, even during the course of oral antibiotic therapy. Over the following months, she lost multiple, contiguous, teeth at the previously manipulated site. Computed tomography for investigation of bone involvement showed soft-tissue density that was poorly defined, indicating bone erosion in the left maxilla, extending to the maxillary sinus, and palatal fistula. A biopsy of the lesion showed mixed inflammatory infiltrate with granulation tissue (visualized with hematoxylin-eosin staining) and actinomycte colonies permeating the bone tissue (visualized with Grocott’s staining), which allowed us to make a diagnosis of osteomyelitis caused by Actinomyces sp. (Figure 1).

Actinomycosis is a chronic suppurative infection caused by the Gram-positive bacillus Actinomyces, the species Actinomyces israelii, which is a member of the endogenous flora often found in the teeth, oropharynx, gastrointestinal tract, and female genital tract, being the most common agent in humans.

The most commonly affected area is the cervicofacial region (in 50–65% of cases), followed by the thorax (in 15–30%)
Dear Editor,

Tubular adenoma of the breast is a rare benign epithelial tumor of the breast that has not been widely studied; the World Health Organization (WHO) classifies it as a special type of adenoma. However, it is rarely seen in combination with osteomyelitis (1,2).

On computed tomography, actinomycosis appears as a mass with ill-defined borders, soft-tissue density, and contrast enhancement, together with fluid collections and fistulas. The differential diagnosis includes fungal ulcers, carcinoma, idiopathic midline granuloma, and osteomyelitis of the maxilla caused by other germs (3). In the histopathological analysis, hematoxylin-eosin staining reveals chronic abscess with polymorphonuclear leukocytes, granulation tissue and fibrosis, Grocott’s staining revealing colonies of bacilli forming “sulfur granules”, which represent tangled filaments of Actinomyces, present in abscesses, exudates of the sinus tract, or tissues infiltrated by the lesion (3,4).

Penicillin G is the drug of choice for the treatment of actinomycosis, requiring long courses of antibiotic therapy. Surgical management is reserved for the drainage of bulky abscesses, marsupialization of chronically infected sinus tracts, excision of fibrotic lesions, and debridement of necrotic bone tissue (2).

Therefore, despite its rarity, it is important to bear actinomycosis of the maxilla in mind as a differential diagnosis, mainly in cases of aggressive lesions of the mouth related to the above-mentioned predisposing factors.

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Figure 1. Computed tomography of the facial sinuses, with a soft-tissue window (A) and a bone window (B), reconstructed in the coronal plane, showing a soft-tissue density lesion eroding the maxilla, the floor of the maxillary sinus, and the left side of the palate, as well as forming a fistula from the oral cavity to the nasal cavity and to the left maxillary sinus. Three-dimensional reconstruction of a computed tomography scan (C), showing bone erosion in the maxilla and left palate. Grocott’s staining (D) showing colonies of filamentous Actinomyces bacteria interspersed with bone tissue (magnification, ×400).

Tubular adenoma of the breast: radiological and ultrasound findings

Dear Editor,

A 34-year-old female patient presented to the breast diagnostic clinic with a palpable nodule in the lower outer quadrant of the left breast. Ultrasound showed a solid, hypoechoic, well-circumscribed nodule, measuring 12 × 8 mm, in the lower outer quadrant of the left breast (Figure 1A). The nodule had not been visible on an ultrasound examination performed a year earlier. Mammography revealed a well-circumscribed, isodense nodule, measuring 12 mm, in the lower outer quadrant of the left breast (Figures 1B and 1C), corresponding to the lesion observed on ultrasound. A percutaneous core biopsy was performed (Figure 1D), the histopathological analysis of which showed tubular adenoma of the breast, consistent with the radiological and ultrasound findings. Therefore, it was recommended that the patient undergo another ultrasound examination in six months and be followed in the breast disease department.

Tubular adenoma of the breast is a rare benign epithelial tumor of the breast that has not been widely studied; the World Health Organization (WHO) classifies it as a special type of adenoma. However, it is rarely seen in combination with osteomyelitis (1,2).

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