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REPLY

Dear Editor,

The article has emphasized the rarity of primary implantation of tubercle bacilli into subcutaneous tissue, which is the main context of the article. The sporadic or occult haematogenous tuberculosis, causing the patient to be in the dissemination stage is unlikely because of absence of clinical and biochemical pointers for the same. Serial recording of ESR did not show any increase in the value. Mantoux test and X-ray chest and X-ray hip did not point towards an active progression of disease. There was no evidence detected of any other primary tubercular focus. In this case, the patient had been symptomatic for more than two and a half months

with features of local abscess and persistent sinus formation and the absence of any haematological, biochemical and radiological parameters suggest the direct inoculation of site has been the most likely cause, favouring local conditions due to local clot or haematoma formation leading to tissue hypoxia. Notwithstanding, the reader has brought out a very pertinent point that a post injection tuberculosis abscess needs to be considered in the differential diagnosis provided mantoux test and X-ray examination is suggestive.

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MYECETOMA AND ASPERGILLOMA

Dear Editor,

The Radiological Quiz (MJAFI 55;2: 148,172) was very interesting. However, the use of term mycetoma for pulmonary aspergillosis is not appropriate. Mycetoma is defined as a localised lesion of cutaneous and/or subcutaneous tissue with or without involvement of bone, characterised by swelling, deformity, formation and rupture of abscess leading to draining fistulae [1,2]. Actinomycotic mycetoma are caused by members of *Actinomyces*, *Nocardia* or *Streptomyces* spp while Eumycotic mycetoma are the result of infection with variety of true fungi like *Madurella*, *Acremonium*, *Cephalosporium*, *Allescheria* etc, but NEVER due to *Aspergillus* sp [1-3].

Pulmonary diseases due to *Aspergillus* (infection or colonisation of preformed cavity) are collectively called as Pulmonary Aspergillosis with very wide spectrum of clinical manifestations [1,4]. Aspergillus ball (Aspergilloma) is one of them. These do not qualify to be called as mycetoma.

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REPLY

I am grateful to both the readers for having read the article and their views as expressed in most pathology books.

"Any chronic pulmonary cavity colonized by fungus and when the fungal hyphae forms a ball or mycetoma which lies free in the cavity" quotes a standard Textbook of Imaging [1].

A mycetoma (fungal ball) is a matted collection of fungal hyphae, cellular debris, fibrin and mucous. The fungus may be an aspergillus, candida, norcadia, phycomycetes or trichophyton [2]. However majority of mycetomas are caused by aspergillus to the extent that the term aspergilloma is often used synonymously.

In this case the infecting fungus was not known so mentioning of term mycetoma was not very inappropriate however chronic pulmonary cavities are most commonly infected by species of *Aspergillus fumigatus* or *niger* [3] and are referred as pulmonary

aspergillosis with wide spectrum of clinical manifestation, aspergillus ball (Aspergilloma) is one of them.

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