INTRODUCTION:
Osteomyelitis can be a challenging disease to treat, especially when presentation is atypical due to infection by opportunistic pathogens. This case report describes such a case, where the presentation is unlike that of infection. This paper aims to sensitize orthopedic surgeons and radiologists regarding such atypical presentation.

CASE REPORT:
A 30 year old gentleman with no comorbid and no high risk behavior was presented with complaints of persistent right heel pain on weight bearing. He had a history of closed right calcaneal fracture due to a fall three years ago and was treated non-operatively with cast, subsequently was well after that.

Clinical examination revealed minimally swollen heels with generalized bony tenderness around the calcaneal tuberosity. X-Ray showed a radio-opaque right calcaneum as compared to a normal left calcaneum. With normal blood investigation findings, MRI was done which showed multifocal nonspecific bone marrow edema of calcaneum, and an inconclusive grain like signal underneath the right calcaneal periosteum.

With an impression of right heel soft tissue mass with calcaneal sclerosis, patient underwent incisional biopsy of mass and calcaneum, with surprising results.

Taken culture result was in fact of fungal origin, specifically Aspergillus fumigatus. This uncommon infection was treated with 12 weeks of Itraconazole, with follow up showing reduction in swelling and pain. He was discharged well four month post treatment.

DISCUSSIONS:
Fungal osteomyelitis in calcaneum are described in multiple case reports mainly due to patients being immunocompromised. Most has had distant skin infection, and presented with skin changes making infection quite obvious. This case shows that fungal osteomyelitis is possible even in a healthy person with low risk behaviour. High index of suspicion and awareness of such occurrence is needed in early detection and treatment of this infection.

REFERENCES: