Mahidol University
Faculty of Medicine Ramathibodi Hospital

COMPLEX CHRONIC WOUND MANAGEMENT IN ACTINOMYCETOMA: EMPOWERING PATIENTS FOR HOME SELF-CARE

Authors: Sakorn Legyam, MRN, Simtiang Seetatsung, RN

Affiliation: Female Observation Ward, Inpatient Nursing Division 3, Nursing Department, Ramathibodi Hospital, Faculty of Medicine Ramathibodi Hospital, Mahidol University

Contact: Tel: (+66) 997-3070755, 062-9145422

Introduction

Actinomycetoma is a rare and often overlooked chronic bacterial infection of the skin and subcutaneous tissue. Due to its clinical resemblance to eumycetoma, diagnosis and treatment are frequently delayed, potentially leading to bone invasion and limb loss.

This case presents a challenging recurrence after 16 years of remission in a patient who previously underwent below-knee amputation (BKA) and declined further radical surgery.

Case Presentation

A 67-year-old Thai female presented with a history of right foot actinomycetoma following a thorn prick in 2008, which led to a right BKA in 2013. She was referred to Ramathibodi Hospital in January 2025.

16S rRNA testing confirmed Gordonia spp., diagnosing recurrent actinomycetoma of the right thigh and lower abdomen.

Wound assessment revealed a wound size of 20x23 cm, with a wound bed consisting of 70% hypergranulation and exophytic mass, 20% yellow slough, and 10% necrotic tissue. The periwound skin was intact, and there was heavy exudate.

Management

Wound management was guided by the TIME concept:

T

Wound cleansing with Granudacyn solution.

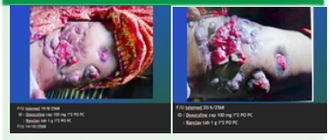
I

Long-term targeted oral antibiotics.

M

Apply of Urgotul Flex covered with secondary gauze dressing, and Kaltostat prn for bleeding management.

E



Patient and family education on wound care, sign-and-symptom monitoring, and nutritional support.

Results

Follow-up wound assessment revealed a reduced wound size of 14x20 cm. The wound bed consisted of 70% hypergranulation and exophytic mass, 20% yellow slough, and 10% necrotic tissue. The periwound skin remained intact, and exudate decreased to a moderate level. Within one month of advanced dressing and antibiotic therapy, the lesions stabilized. Telemedicine via the RAMA application ensured continuity of home care before local referral.

25/1/2568

11/4/2568

23/5/2568

6/1/2569

28/4/2569

Discussion & Conclusion

Managing complex chronic wounds in rare infections requires a multidisciplinary approach. Applying the TIME concept with advanced dressings and telehealth via the RAMA application empowers home self-care. This prevents further disability, respects patient preferences for non-surgical management, and restores quality of life.

Reference

1. Relhan V, Mahajan K, Agarwal P, Garg VK. Mycetoma: An Update.Indian J Dermatol 2017;62(4):332-340.
2. Leaper DJ, Schultz G, Carville K, Fletcher J, Swanson T, Drake R. Extending the TIME concept: what have we learned in the past 10 years? Int Wound J. 2012;9(Suppl 2):1–19.
3. Chittrakarn S, Kanchanasuwan S, Sangkakul N, Tongsengkee N. Clinical presentation, etiology, and treatment outcomes of mycetoma: A 25-year retrospective study in Southern Thailand. PLoS Negl Trop Dis. 2026;20(1):e0013818.