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Community acquired MRSA causing mediastinitis in a young girl: A case report

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Mediastinitis is defined as acute or chronic inflammation of the mediastinal structures and generally has a low incidence. Invasive community acquired methicillin resistant *Staphylococcus aureus* (ca-MRSA) is a rare serious life threatening infection. The common conditions are cardiac revascularization procedures or esophageal perforation or a descending necrotizing mediastinits secondary to an odontogenic focus. We present a rare case of acute necrotizing mediastinitis in a healthy young girl about 1 week after diagnosis of influenza. An 18 year old female from Brooklyn with a past medical history of Gastroesophageal reflux disease and a recent diagnosis of influenza-A, 6 days back presented to the emergency room with fevers, weakness and chest pain for 4 days. Examination was pertinent for lethargy, ill looking female with tachycardia, tachypenia and decreased breath sounds bilaterally, subsequent work up revealed elevated white blood cell count, CRP and ESR. CXR revealed mediastinal widening with normal lung parenchyma. A CT scan of chest revealed diffuse confluent mediastinal adenopathy as well as diffuse thickening surrounding the esophagus with infiltration of surrounding mediastinal fat suggestive of diffuse esophagitis and mediastinitis. Patient was started on broad spectrum antibiotics. The progressive symptoms and imaging findings led to thoracotomy that revealed infected thymic tissue with surrounding induration and infection in the mediastinal and pretracheal space which was debrided. The bacterial cultures from the tissue as well as pleural fluid grew methicillin resistant *Staphylococcus aureus*. Pathology from the tissue revealed acute necrotizing fibrinopurulent inflammation and fibrinopurulent exudate. Patient was treated with Vancomycin and Piperacillin/Tazobactam which was later targeted to MRSA patient was discharged home on IV Daptomycin and completed 5 weeks of therapy which was subsequently changed to PO Doxycycline. An MRI performed at 7 weeks of therapy revealed significant improvement in prior mediastinits with no residual fluid or stranding.

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Majocchi granuloma of the upper lip, a dermatophyte infection: A case report

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Background: Majocchi granuloma is an uncommon condition in which the dermatophyte invades the dermis and subcutaneous tissue. *Trichophyton rubrum* is the most frequent etiologic agent. The upper lip was chronically ulcerated and painless. Biopsy of the lesion on the upper lip exhibited fungal forms in the dermis. KOH preparation was negative.

Case presentation: A 28-years-old male from Agaw ethnicity, Ethiopia referred from rural health centre for the painless non healing ulcer of the upper lip of eleven years. It was reddish circular and indurated measuring 8 by 6 mm. The lower lip was also dry and peeling. He also had onychomycosis of the right thumbnail untreated for the past 18 years. After dermatologic consultation biopsy was taken and KOH was prepared from both lesions. KOH was done twice and were non-revealing from the lip lesion. Biopsy revealed different morphologic variations including yeast forms, bizarre hyphae, mucinous coatings and the Splendore-Hoeppeli phenomenon. After three weeks tissue culture results revealed *Trichophyton rubrum*. Terbinafine 250 mg/day for five weeks resulted in complete resolution of both the granuloma and the onychomycosis.

Conclusion: Varied presentation of such fungal diseases warrants early diagnostic intervention using biopsy and tissue culture to help detect such cases.

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