**Introduction:**

*Deermatophilus congolensis* is a Gram-positive organism in the order Actinomycetales that primarily affects animal species causing dermatophilosis.1,2 It most commonly affects cattle, sheep, horses, and goats.1,2 A review of the literature reveals that this organism rarely affects humans with just a few cases reported worldwide. Human infections usually present in individuals with known exposure to the infected animal. To our knowledge, there have been nine reports in the published literature describing worldwide *D. congolensis* infection in humans.1-4

In this report, we present a rare case of *D. congolensis* in a deer hunter and attempt to increase awareness of this infectious entity. In addition, we will discuss etiology, clinical features, transmission, and treatment of this unusual infection.

**ABSTRACT**

*Deermatophilus congolensis* is a bacterial infection that primarily affects animals and is rather uncommon in humans. Clinically, it presents with cutaneous manifestations such as exudative, purulent, or scaly lesions, folliculitis, and pitted keratolysis. We describe the first case of *D. congolensis* infection in a 76-year-old male hunter who hunted and cleaned the animal with his bare hands and subsequently developed lesions on his back, hand, and foot. The lesions were consistent with the clinical characteristics of *D. congolensis* infection, which correlated Gram-positive bacilli and thick, septic, branching films found only in upper epithelial layers, as well as UNGA sequencing that led to definitive diagnosis of *D. congolensis*. To our knowledge, this is the tenth report in the published literature describing this rare entity in humans.

**CASE REPORT**

A 76-year-old male with a history of patellar psephitis, HTN, stroke, deep vein thrombosis, and acute regurgitation presented to the Beaumont Dermatology and Family Practice in Beaumont, Texas with painful skin lesions on his right flank and right wrist of 3 weeks duration. He denied any fever, chills, rhinorrhea, sore throat, cough, shortness of breath, joint pain, chest pain, nausea, vomiting, or lymph node swelling. Several weeks prior to his presentation, the patient reported that he gutted and cleaned the deer with bare hands. He denied any contact with other animals or any history of tick bite. He did not report any recreational activities that would place the animal in close contact with the patient, with the exception of riding a horse. The patient noted an immune alteration in the 1960s due to a prostate cancer and cholecystectomy. An uncountable number of streptococci were isolated from the lesions. The infection was also evident in a periocular region, with thickened keratinous material on the epithelial surface of the eye. The patient was admitted to the hospital and had surgery for a cataract.

**Microscopic Findings**

Figure 3. THX yellow-brown oval nodules with scale and surrounding erythema on right flank.

**DISCUSSION**

*Dermatophilus congolensis* is an aerobic and facultative anaerobic Gram-positive rod. It is an aerobic and facultative anaerobic Gram-positive rod. It is not oxidase positive, catalase positive, or growth in anaerobic or microaerophilic conditions. It is susceptible to most antimicrobial agents, including cephalosporins, penicillins, and macrolides. It is resistant to sulfonamides, tetracyclines, and doxycycline. It is susceptible to most antimicrobial agents, including cephalosporins, penicillins, and macrolides. It is resistant to sulfonamides, tetracyclines, and doxycycline.

**REFERENCES**


**CONCLUSION**

The case presented in this report illustrates a rare example of *Deermatophilus congolensis* infection in an individual who hunted and killed a deer with a hand. Although the deer tick is a common vector of *D. congolensis*, we believe that infection in this patient resulted from either self-inoculation of the bacteria into his skin through scratching or handling an infected animal. The transmission of this infection from the patient's skin lesion to the deer is unlikely given the rarity of this entity in humans. It is important to keep this entity in the differential diagnosis when working up cutaneous lesions in humans or those exposed to wild or domesticated animals.