



BURULI ULCER

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Buruli ulcer is a skin infection typically found in regions of Australia, Africa, Asia, Mexico, and South America. The disease traditionally presents as a single painless nodule under the skin's surface and swelling in this region may or may not be present. Fever may accompany disease forms where diffuse swelling is present. In the absence of treatment, the lesion may progress into an ulcer where underlying structures such as muscle or tendons could become exposed. If the disease reaches this stage, the infection may spread to the deeper surrounding organs or bones. Disfiguring scars are not uncommon in the absence of treatment. Buruli ulcer tends to favor the arms and legs. A greater risk of infection exists for both children and the elderly.

The cause of this disease is due to a toxin produced by bacteria called *Mycobacterium ulcerans*. Biting insects that dwell in swampy areas tend to carry the bacteria in their saliva, where they introduce the infection into unsuspecting hosts upon biting the skin.

A complete medical history, focusing upon countries recently visited, along with a comprehensive skin examination should be performed. The diagnosis is often made clinically by a physician thereafter. Confirmation of the diagnosis may be obtained by performing bacterial (acid fast bacilli) smears, culturing the ulcer, or performing slides of skin tissue for microscopic evaluation (**biopsy**).

The primary treatment methods include systemic antibiotics and surgery. Typical antibiotic regimens include streptomycin and rifampin for 8 weeks duration. Clarithromycin has been substituted for streptomycin with success in the past. For ulcers that are larger or do not respond to antibiotics, surgery may be considered.

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