



Botryomycomes : étude multicentrique descriptive sur l'évolution selon les traitements

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INTRODUCTION

- 13 209 adultes et 285 enfants en NPAD en France (basées sur les données 2017 de l'assurance maladie)*
- Pathologie d'insuffisance intestinale chronique (causes digestives > extradiigestives)
- NPAD > 3 mois: prise en charge par des centres dits « labellisés »
- Complications: VVC (thrombose, infection, malposition...), IFALD, poches....

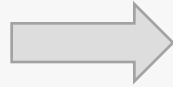
* Guimber D et al. *Epidémiologie de la nutrition artificielle à domicile en pédiatrie en France : données nationales de 2017. Journées francophones de nutrition, novembre 2019.*

Botryomycome: complication locale de VVC

- Description clinique (≠ scientifique) chez les enfants avec VVC prolongée
- Sur l'orifice du cathéter central avec croissance progressive
- Orifice saignant, +/- purulent, +/- extériorisation du manchon
- Association avec Staphylocoque doré
- Traitement topiques/systémiques => changement de VVC



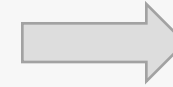
Décembre 2021



Janvier 2022



Mars 2022



Ablation VVC

Mai 2022

4 ans

Ex-prématuré 32SA

ECUN

Grêle 110cm / VIC - / Colectomie subtotale (Sigmoidé +)

Insuffisance intestinale: NPAD 7j/7

1^{er} cas de botryomycome décrit en 1910

TROPICAL MEDICINE.

HUMAN BOTRYOMYCOSIS.

At the British Medical Association meeting held in London last July Captain R. G. Archibald, Pathologist to the Wellcome Research Laboratories in Khartoum, read a paper on Human Botryomycosis, a new tropical malady. The condition, a tumour formation, was found on the scalp of a native from the Sudan, and when sections of this were made and suitably stained, the presence of agglomerations and collections of circular disc-like masses were noted, lying irregularly throughout the growth. They exhibited a close resemblance to staphylococci of various sizes, and their similarity to bunches of grapes prompted the name Botryomycosis (*Botrys* = a grape; *μύκης* = fungus). In addition to the coccal masses, three of the seven tumours examined also exhibited a streptothrix closely resembling that met with in Madura foot disease. After the discovery of the first case, similar tumours were removed from other individuals from the breast, arms, hand, feet, and scrotum, and also from camels; the infection is thus a fairly widespread one.

The disease commences, as a rule, in the form of a superficial nodule, which increases in size and invades the deeper tissues, involving fasciæ, muscles, tendons, and sometimes the bones. The surface of the tumour eventually breaks down and the openings of many sinuses, from which a thin

watery pus containing yellow-white granules exudes, then become visible.

Around these, masses of white fibrous tissue develop, the lumen being lined by granulation and necrosed tissues. A section made through one of these growths at once reveals their fibrotic nature, the intervening areas between the sinuses consisting for the most part of white fibrous tissue, frequently arranged in whorls, and of sharply demarcated yellow hyaline-looking areas, which microscopically are seen to be composed of groups of fat-cells. Captain Archibald believes that, from the fact of a streptothrix condition being present in three of the tumours, that botryomycosis is really a streptothricosis, and that the clumps of botryomyces represent the gonidia of possibly a new and hitherto undescribed species of streptothrix. Certainly there were no signs of the large amœba described by Letulle and others. Further investigations may settle the matter one way or the other and definitely decide what is the causative agent of this disease. Many of these chronic granulomatous conditions are now being run to earth, the finding of *Leishmania tropica* in lesions of the skin in Khartoum having cleared the way for further investigations and classifications of chronic skin lesions in Egypt and the tropics generally.

EXPERIMENTAL BOTRYOMYCOSIS *

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Two cases of botryomycotic granuloma of the intestinal wall produced by fish bones were recently reported.¹ It was concluded that the formation of botryomycotic granules is brought about by a foreign body reaction associated with a staphylococcus infection. Subsequently an attempt was made to produce this lesion experimentally and lesions were obtained which we believe to be essentially identical with those seen in human cases. It was the purpose of these experiments to determine the conditions under which such granules are formed and to study their histogenesis.

En 2022: localisations cutanée et viscérale décrites

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botryomycosis central line



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botryomycosis catheter



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PROBLEMATIQUE

- Littérature pauvre sur le lien avec VVC prolongée
- Pathologie d'évolution rapide
- Pas de thérapeutique médicamenteuse efficace ?
- Seul traitement actuel = ablation de la VVC **MAIS** patients dépendants NP (capital veineux!!)

DESIGN DE L'ETUDE

- Etude nationale, **pilote**
- **Multicentrique, rétrospective** (2012-2022), Juin 2022-Mars 2023
- Equipe de Lyon investigatrice, collaboration avec les centres pédiatriques de NPAD volontaires
- **Cas/témoins** observationnelle analytique: groupe contrôle avec appariements 1 pour 1 sur âge, sexe et pathologie.

OBJECTIFS

Primaire

- Evaluer les facteurs de risques associés à l'apparition d'un botryomycome: génétiques (origine, phototype), locaux (type de VVC, mécanique, infectieux) et généraux (antécédent de sepsis)

Secondaires

- Evaluer l'évolution selon les différents traitements proposés
- Evaluer les facteurs de risques de récurrences de botryomycome
- Etablir un taux d'incidence et de prévalence

PATIENTS ET METHODE

Critères d'inclusion

- Patient en NPAD
- Botryomycome sur VVC
- Age: 0 - 18 ans au moment du diagnostic

Critères d'exclusion

- Botryomycome >10 ans au moment du recueil de données
- Age >18 ans
- Porteur de VVC mais pas en NPAD

TAKE-HOME MESSAGE

- Botryomycome sur VVC: vide dans la littérature
- Etude cas/témoin descriptive en cours
- Collaboration essentielle: documentation ++ (anatomopathologie...)
- A terme: proposer un algorithme de prise en charge, sauvetage VVC

MERCI



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Merci de votre attention