

## Complete Information on Buruli ulcer

Buruli ulcer is an infectious disease caused by *Mycobacterium ulcerans*. *M. ulcerans* is a slow-growing mycobacterium affecting the skin and the mucous membranes. Inoculation into the skin occurs via trauma. The growing *M. ulcerans* mycobacterium produces a soluble polyketide toxin called mycolactone. Mycolactone destroys cells in the subcutis, leading to the development of large ulcers with undermined edges. The genome sequence of *M. ulcerans* has now been published and it transpires that two identical copies of a plasmid carry the genetic code for mycolactone. The mode of transmission of infection remains uncertain.

Although environmental sources of the organisms are now better understood, Buruli ulcer is a recognized public health problem in West Africa. Buruli ulcer has been described in over 30 countries mainly with tropical and subtropical climates. Infection leads to range destruction of skin and soft tissue with the formation of large ulcers usually on the legs or arms. *M. ulcerans* infection is the third most common mycobacterial disease of humans who are immunocompetent. In children all areas may be involved, including the face or abdomen. A more severe form of infection produces diffuse swelling of a limb, which, unlike the papule or nodule.

It can be painful and accompanied by fever. Infection may frequently follow physical trauma, often minor trauma such as a small scratch. Bone is affected causing gross deformities. When lesions heal, scarring may cause restricted movement of limbs and other permanent disabilities in about a quarter of patients. Other conditions that may mimic BU include: tropical phagedenic ulcers, often referred to as tropical ulcers; leishmaniasis, particularly in South America; onchocerciasis nodules; and fungal skin infections. Early detection and treatment of Buruli ulcer can prevent complications. Current treatment is surgical excision.

Treatment is by surgical excision (removal) of the lesion, which may be only a minor operation and very successful if undertaken early. Antibiotics currently play little part in the treatment of Buruli ulcer. Anti-mycobacterial antibiotics that include rifampicin and either streptomycin or amikacin are able to kill *M. ulcerans* in human lesions. Provisional guidelines now recommend the use of selected anti-mycobacterial drugs, usually combined with surgery, for the treatment of Buruli ulcer. A safe and effective vaccine that can be targeted to newly emerging endemic areas may be the most effective way to combat BU in the long term.

## About the Author

Juliet Cohen writes articles for [health care blog](#). She also writes articles for [hairstyles gallery](#).

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