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Introduction: Actinomycosis is a chronic infectious disease of the cervicofacial area, thorax, or abdomen and caused by the anaerobic gram positive bacterium " Actinomyces israelii" a commensal of human and characterized by a suppurate brotic in ammation, which spread directly to the contagious tissues. e main clinical types are cervicofacial, thoracic, abdominal, pelvic, and the primary cutaneous which is very rare. e infective agents are member of the normal ora and are frequently cultured from bronchi, gastrointestinal tract, and female genital tract. ey are considered as opportunistic pathogen. Two groups of actinomycetes are recognized according to their metabolism; the fermentative and the oxidative. e rst causes actinomycosis, while the second include agents causing Actinomycetoma and Nocardiosis. It has been suggested that poo dental and oral hygiene in addition to frequent trauma provide the portal of entry. To our knowledge this is the rst case report in Kurdistan Region/Iraq.

Case Report: A y- ve year old woman presented with multiple discharging sinuses on both legs since 9 years with slowly progressive course; from rural area in Kurdistan region-Iraq. Bacteriological study including macroscopical and cultural examination of the discharge and crust taken deep from the lesions revealed Actinomyces as the causative organism. Good response with complete healing was noticed a er 4 months of treatment with Benzathine penicillin.

Discussions: Actinomycosis was common in the pre-antibiotic era and is less frequent now. e clinical presentations of the disease, which can a ect any organ, are variable and the disease has been called the most misdiagnosed disease. presentation of the studied case with slowly progressive chronic discharging sinuses on both legs since 9 years brough our attention to the primary cutaneous actinomycosis as the most likely diagnosis. Bacteriological diagnosis was obvious Although, the presence of sulfur granules is characteristic of the disease. However, its absence as in this case does not rule the diagnosis of this disease. Chronic course of the disease and usage of di erent tropical and systemic therapies may ha in uenced the appearance of these granules. Actinomycosis must be treated with high doses of antimicrobials for a long period may be needed for such cases. Intravenous administration of 18-24 million units of penicillin fro 2-8 weeks, followed by oral therapy with penicillin or amoxicillin for 6-12 months may be used in serious cases. However, since our patient were living in rural area far a way from any health center, we found it more practical and helpful to use a long acting penicillin (Benzathine penicillin) intramuscualrly weekly to avoid frequent vist. e excellent response observed by the disapperance and healing of the sinuses was delighting.

Conclusions: Primary cutaneous actinomycosis is very rare; its clinical presentation is variable. erefore, awareness of the full clinical spectrum of the disease is important, which should be added with bacteriological study to con rm the diagnosis.

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