Background: Atypical mycobacterial infections are typically acquired through environmental exposure. Although the main mechanism of infection include aerosol route, dust, water and ingestion; cases due to inoculation through the skin have been reported. In recent years cases have been reported following cutaneous surgery, breast reconstruction, face lift, blepharoplasty, mesotherapy, epidural injection, botulinum toxin, liposuction, piercing, or tattooing.

Observation: A 58 year-old woman presented to the clinic complaining of 2-3, raised lesions appearing on the forehead 2 weeks post botulinum toxin injection. Initially the lesions were pea-sized but progressively became larger over 2-3 days and appeared to be at the sites of injection. Physical examination revealed erythematous to hyperpigmented, tender nodules on the forehead and at the site of injection for the tail of the corrugator supercilli muscle. The lesion on the forehead was aspirated and the purulent discharge was sent for culture with negative results for common bacteria. Empiric treatment with amoxicillin and clavulanic acid was initiated which led to negligible improvement. Subsequently, histopathology demonstrated non caseating granulomas in the dermis and subcutaneous tissue with epithelioid cells and a rim of lymphocytes. PAS staining for fungus was negative. Further probing into the patient’s history revealed that she went for a swim on the day of the injection. In view of the aforementioned findings a probable diagnosis of atypical mycobacterial infection was made, and the patient was treated with clarithromycin 500 mg twice daily and minocycline 100 mg once daily. The treatment continued for 6 months with complete resolution of the lesions.

Key points: The incidence of atypical mycobacterial infections has increased over the last decade and partially responsible for this is the rise in the number of aesthetic procedures worldwide.