



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

## A CASE OF SKIN INFECTION CAUSED BY MYCOBACTERIUM ABSCESSUS AFTER BOTOX INJECTION

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**Background:** Mycobacterium abscessus (M.abscessus) is a group of rapidly growing non-tuberculous mycobacteria of nontuberculous mycobacteria (NTM). Cutaneous infections caused by M. Abscess which is ubiquitous in the environment, mostly occur after exposure to contaminated water or medical instruments where the microorganism can be injected or inoculated directly.

**Observation:** An immunocompetent 34-year-old female presented to our clinic with multiple lesions of the face after undergoing botox-injection six months ago. She had received injections in both outer canthus for the crow's feet reduction, and in both jaws for facial muscles lifting, respectively. The initial painful and pruritic erythematous subcutaneous nodules of 2mm\*3mm in size, developed where the botox had been injected 10 days prior, and slowly evolved in the subsequent 6 months into abscesses with fluctuation. She sought medical attention previously, and there was no improvement after a week course of oral amoxicillin and penicillin treatment. Intramuscular triamcinolone had been applied which shrunk the lesion partly with a relapse in two months. B-ultrasound revealed mixed echo masses within subcutaneous soft tissue at the four positions previously injected into. Four symmetrical fluctuate erythematous-violaceous nodules with 1-3 cm of diameter were observed, without ulcers or abscess localized. Pus aspiration was administered, the specimen smear staining for acid-fast bacilli (AFB) was positive and there were numerous white and smooth colonies were yielded in the blood-containing medium, which were subsequently classified as M.abscessus confirmed via PCR and mass spectrometric analysis. The microorganism was tested sensitive to amikacin and resistant to linezolid. Oral rifampicin and clarithromycin were prescribed on experience after the pus aspiration had been done. The patient is well recovered now.

**Key message:** The clinical presentation of cutaneous M. abscessus infection includes acute or chronic inflammation, featuring solitary or multiple lesions, ranging from erythematous nodules, plaques, cellulitis and abscesses localised, to ulcers and sinus disseminated.

