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

CUTANEOUS INFECTION CAUSED BY MYCOBACTERIUM CHELONAE IN RENAL TRANSPLANT PATIENT

Analú Vivian [1] - Lílian Moraes Ferreira [1] - Renan Rangel Bonamigo [1] - Rodrigo Pereira Duquia [1]

Iscmpa/ufcspa, Department Of Dermatology, Porto Alegre, Brazil [1]

Background: The atypical mycobacteria are environmental pathogens and are divided into four subgroups. Group 4 corresponds to fast growing mycobacteria, among which is Mycobacterium chelonae. This bacterium has the power to form biofilm, being found contaminating surgical materials, which characterizes one of its main forms of contagion: patients who have undergone procedures or cutaneous trauma with contaminated equipment. Because they are opportunistic bacteria, states of immunosuppression are predisposing factors. Primary cutaneous infection with Mycobacterium chelonae produces a nonspecific clinical condition, including plaques, papules and nodules, as well as abscesses and fistulas. The clinical course is chronic, with prolonged treatment and slow response, and relapses may occur.

Observation: The case is a female patient of 52 years, transplanted renal, using Tacrolimus, Mycophenolate Sodium and Prednisone. She reported the appearance of erythematous nodular lesion in the right malar region three months ago. On examination, she had an erythematous nodule with adjacent pustules in the right malar region, painless. She did not present with fever or lymphonodomegalia, and the chest X-ray and the abdominal ultrasound were normal. An incisional biopsy of the lesion was performed, demonstrating skin with marked actinic damage, chronic inflammation, perifolliculitis, and dermo-hypodermic fibrosis. Bacterioscopic examination for acid-fast bacillus was positive and culture for Mycobacterium was found to be M. chelonae. Clarithromycin treatment was instituted for six months, and the patient presented a good therapeutic response, with resolution of the lesions in the fifth month of treatment.

Key message: This case differs from most existing reports because the patient has not undergone invasive procedures at the site of the lesion and shows that we must be aware of atypical cutaneous infectious diseases in patients with some degree of immunosuppression.