



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

DISSEMINATED CUTANEOUS MYCOBACTERIUM CHELONAE INFECTION IN AN IMMUNOCOMPETENT HOST

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Background: Mycobacterium chelonae is a rapidly growing mycobacterium found in water and soil that can cause local cutaneous infections in immunocompetent hosts but more frequently infects immunocompromised patients. Typically, Patients can develop painful subcutaneous nodules involving joints or soft tissue. These skin nodules, as well as deeper and more disseminated infections, are usually from traumatic introduction.

Observation: A 65-year-old male presented with the inner side of the left thigh was scratched by the branches for 3 months. The wound gradually became painful, swollen and ulcerated. The purulent secretion was discharged, the skin temperature increased, and the left lower extremity edema appeared. Histopathological examination of the skin lesion showed hyperplasia of the epidermis, partial epidermal defect with chronic inflammatory cell infiltration of the dermis, mostly neutrophils, histiocytes and lymphocytes, and the number of multinucleated giant cells, and local small abscess formation, which were negative in acid-fast stain, negative in PAS stain and negative in silver stain. The direct smear of wound secretion that was taken from the focus of suppurative infection in the left leg of patient was positive for acid-fast stain. A culture from the pus grew smooth, moist and white colonies, which were positive in Gram stain and acid-fast stain. The strain was identified by rRNA gene sequence analysis. The sequence of 16S-rRNA gene was consistent with that of Mycobacterium chelonae (GenBank accession number LC082312) with 100% homology using the BLAST 2 sequence tool. An empirical regimen of oral rifampicin, clarithromycin, doxycycline and amoxicillin was initiated. After receiving species sensitivities this was modified to oral rifampicin, clarithromycin, doxycycline and intravenous ciprofloxacin. Improvement of his skin lesions was evident on follow-up within three months.

Key message: Mycobacteria chelonae; 16S-rRNA

