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

MYCOBACTERIUM MARINUM INFECTION IN A 38 YEAR OLD FILIPINO MALE

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Background: Soft tissue infections caused by Aeromonas spp., Edwardsiella spp., Erysipelothrix spp.,Vibrio vulnificus and Mycobacterium marinum (AEEVM) can occur after both freshwater and saltwater exposure, particularly if there is associated trauma. Trauma can be caused by living creatures or by inanimate objects found in the aquatic environment. In addition, some aquatic creatures can transmit soft tissue infections outside the water environment. Approximately more than 80% of Mycobacterium marinum infection were linked to fish tank exposure.

Observation: This is a case of a 38 year old male who presented with erythematous nodules on the left arm. The lesions started three weeks PTC when the patient sustained an abrasion while cleaning the aquarium tank with noted development of erythematous non-pruritic papules and nodules on the left arm. Biopsy showed suppurative granulomatous dermatitis consistent with cutaneous mycobacterial infection. He was given clarithromycin 500mg 2x/day for 3 months, ciprofloxacin 500mg 2x/day for 3 months and ethambutol at 15 mg/kg/day for 3 months. The combination of clarithromycin, ciprofloxacin and ethambutol for 3 months proved to be effective in the treatment of the M. marinum. As early as the 14th day of treatment, there was marked improvement on the size of the nodules. The physician prescribed that the clarithromycin 500mg 2x/day be extended to 1 more month after the nodules have disappeared.

Key message: Mycobacterium marinum cutaneous infection is usually due to water-related trauma. Clinical presentation involves appearance of erythematous papules and nodules in a sporotrichoid pattern. The infection is indolent and is not associated with systemic toxicity in immunocompetent individuals. Biopsy will show suppurative granulomatous reaction pattern and may be negative in TB cultures and PCR. There is no established treatment of choice for M. marinum infection and duration of treatment of at least three months and complete regression can take up to two years.