

# htd TORAKS 2019

9. Kongres Hrvatskog torakalnog društva 9th Congress of Croatian Thoracic Society

Hotel Westin Zagreb 10.-13. 4. 2019.



### **M.ABSCESSUS**

FOLNOŽIĆ I.1

<sup>1</sup> KBC Sestre Milosrdnice , Zagreb, Croatia pulmologija

Objective: IVANA FOLNOŽIĆ

Folnožić I. KBC Sestre milosrdnice, Zagreb, Poje G. KBC Rebro, Zagreb, Vukić Dugac A., Trkeš V., Boras Z., Baričević D. Klinika za plućne bolesti Jordanovac, Zagreb e-mail: ivana.folnozic@gmail.com

#### ABSTRACT.

Introduction.

Mycobacterium abscessus is a rapidly growing mycobacteria.1 It can cause pulmonary disease in vulnerable hosts with underlying structural lung disease such as cystic fibrosis, bronchiectasis, and prior tuberculosis. 2 M. abscessus is one of the most resistant organisms to chemotherapeutic agents. 3 Case report.

We present a case of 36-years old female with a history of frequent angina and bronchitis in childhood, resulting in antibiotic treatment 3-4 times per year, so as pneumonia in one occasion. Later on she suffered from frequent sinusitis. She is a current smoker and takes intranasal corticosteroid because of allergy rhinitis. Allergy to mites and home dust had been diagnosed and hyposensitization done. In her physical status was no pathological signs. Frequent sinusitis from 2011 to 2015 resulted in sinus operation in year 2014 and reoperation in 2015. Pathohistological analysis revealed invasive papilloma and chronic inflammation. Intranasal corticosteroids, mupirocin, antihistamine and prednisolone in reduction doses with gastroprotection were prescribed. Over next three years symptoms persisted despite regular therapy. In year 2018 exploration of the sphenoid sinus was made and samples were sent to mycological, microbiological and pathohistological analysis. Acid-fast rodes have increased in cultures. On th day 7.10.2018. antituberculosis therapy was started until PCR results have arrived.



## htd TORAKS 2019

9. Kongres Hrvatskog torakalnog društva 9th Congress of Croatian Thoracic Society

Hotel Westin Zagreb 10.-13. 4. 2019.



Based on the PCR of sinus secretion a nontuberculous Mycobacterium abscessus was diagnosed and therapy change into Flexid 500 mg 1x1, Doxycycline 2x100 mg and Sinersul F 2x1. Chest X ray was normal. While hematologist excluded immunodeficiency an immunologist excluded ANCA vasculitis, sarcoidosis and SLE. Conclusion.

M. abscessus is a group of rapidly growing, multidrug-resistant, nontuberculous mycobacteria that can cause infections involving almost all organs, but the infections generally involve the lungs, skin, and soft tissue. 4,5 This case is specific because of rare localisation of this bacteria and its isolation in previously healthy patient. Treatment regimens depends on the infection site and usually include macrolide-based combination therapy. Therapy is usually started with combination antimicrobial therapy including macrolide (clarithromycin 1,000 mg daily or 500 mg twice daily, or azithromycin 250 mg-500 mg daily) plus intravenous agents for at least 2 weeks to several months followed by oral macrolide-based therapy. 6

#### References

- 1 Moore M, Frerichs JB. An unusual acid-fast infection of the knee with subcutaneous, abscess-like lesions of the gluteal region; report of a case with a study of the organism, Mycobacterium abscessus, n. sp, J Invest Dermatol, 1953, vol. 20(pg. 133-69)
- 2 Griffith DE, Aksamit T, Brown-Elliott BA, Catanzaro A, Daley C, Gordin F, et al. An official ATS/IDSA statement: diagnosis, treatment, and prevention of nontuberculous mycobacterial diseases. Am J Respir Crit Care Med. 2007;175:367-416. 10.1164/rccm.200604-571ST
- 3 Brown-Elliott BA, Wallace RJJr. Clinical and taxonomic status of pathogenic nonpigmented or late-pigmenting rapidly growing mycobacteria, Clin Microbiol Rev, 2002, vol. 15(pg. 716-46)
- 4 Brown-Elliott BA, Wallace RJ Jr. Clinical and taxonomic status of pathogenic nonpigmented or late-pigmenting rapidly growing mycobacteria. Clin Microbiol Rev. 2002;15:716–46. 10.1128/CMR.15.4.716-746.2002 5,6 Griffith DE, Aksamit T, Brown-Elliott BA, Catanzaro A, Daley C, Gordin F, et al. An official ATS/IDSA statement: diagnosis, treatment, and prevention of nontuberculous mycobacterial diseases. Am J Respir Crit Care Med. 2007;175:367–416. 10.1164/rccm.200604-571ST