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

SKIN INFECTIONS DUE TO ATYPICAL MYCOBACTERIA IN IMMUNOCOMPETENT PATIENTS: EXPERIENCE FROM INDIA

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Background: Atypical mycobacteria like M fortuitum, M chelonae and M abscessus are commonly found in the soil and water and cause skin and soft tissue infections. These infections occur after medical and surgical procedures and often go undiagnosed due to lack of awareness in the treating dermatologists.

Method: Data on patients referred to our department, with a probable diagnosis of atypical mycobacterial infection from 2012 to 2017 was reviewed. Their presenting cutaneous signs, histology, culture and polymerase chain reaction results and response to treatment were analysed.

Results: Eleven patients (4 males & 7 females) with a mean age of 34.7 years (range 24-56 years) were examined during the period. History of intervention prior to onset of lesions was present in 7 patients, of whom 3 had history of intramuscular injections and 4 had involvement at the site of surgical scar. Clinical presentation varied from nodules to plaques, ulcers or draining sinus tracts. All patients were HIV negative and there was no history of any immunosuppressive drug intake. Histology revealed epitheloid cell granulomas in 6 cases. PCR was positive for mycobacterium abscessus (MAB) in only 2 out of 9 patients in whom it was done. Tissue culture grew M fortuitum in 1 patient. Patients were treated with a combination of clarithromycin and ofloxacin. The average duration of treatment before clinical response was 4.5 months and the maximum duration of treatment was 9.5 months.

Conclusion: Atypical mycobacterial infections are difficult to diagnose due to myriad of clinical presentations. A high index of suspicion combined with histology, tissue culture and PCR may help establish the diagnosis. Treatment depends on multiple factors, including the causative organism.