Pulmonary tuberculosis due to mycobacterium microti in an human immunodeficiency virus-infected patient
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Pulmonary Tuberculosis Due to M. bovis bacterium microti in a Human Immunodeficiency Virus–Infected Patient

Recenly, we described how microbiologically idenfica ion of M. bovis bacterium microti (which belongs o he M. bovis bacterium tuberculosis complex), by using novel geneic markers, in specimens from four immunocompromised pa ien s [1]. Herein we de- tail he clinical course of one of he four pa ien s who was HIV-1-infec ed.

A 39-year-old, homoseexual, HIV-1-infec ed man was admi ed o he hospil al because of weight loss, fever, and a flu-like syndrome. Six weeks before admission, he had developed nigh swea s wi h concurren weight loss and in ermi en fever ( empera ure, 84°C) wi hou chills. A ha ime his CD4+ lymphocy e coun was 20/mm 3 and his viral load was 140,000 copies/mL, despi e hi s righ cos al margin. Unchanged symp e micr axillary and inguinal lymphadenopa hy was found. Skin es ing (Mul i es CMI, Ins u Mérieu , Beneluse, Brus- sels, Belgium) including uberculin skin es ing indica ed comple e

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Bacteremia Due to *Campylobacter sputorum* Biovar *sputorum*

*Campylobacter sputorum* biovar *sputorum* can be found in he oral cavi y and he gas roin es ina l raec of humans, bu i rarely causes disease. To our knowledge, only a few repor s have impli ed his organism in human infec ions [1–4].

In hee of hes repor s, he isola es were recovered from ab- scesses [1–3], whereas in he four h repor [4] he organism was recovered from fecal samples of pa ien s wi h diarrhea. We de- scribe a case of *C. sputorum* biovar *sputorum* in a pa ien wi h bac eremia who presen ed wi h a knee abscess and a recen ches infec ion.

The pa ien ci y of *M. microti* was firs discovered and de- scribed in mice by Wells [4]. The organism was la er dis inu shed from *M. tuberculosis* [5]. *M. microti* has a charac eris ic morphol- ogy (generally pleomorphic: forming a sickle, a spiral, or an S- like appearance). This ypical curved appearance, seen on Ziehl-Neelsen s aining, is generally los during in vi ro cul re. This bac erium is difficul o dis inuish from he o her members of he *M. tuberculosis* complex on he basis of biochemical proper ies. However, nowadays he diagnosis can be made by using he newly developed spoligo yping me heod or IS6110 res ric ion fragmen leng h polymorphism (RFLP) yping [3, 6]. To da e, here are no specific rea men recommenda ions for infec ions due o *M. mi- croti*, given ha addi ional da a concerning drug suscep ibil y of *M. microti* are no available. For he momen , careful clinical and microbiological moni oring of he response o empiric herapy is impor an .

This case illus ra es he po en i al for clinically impor an infec- ion due o *M. microti* in HIV-1-infec ed pa ien s. *M. microti* can be dis inu shed from o her members of he *M. tuberculosis* complex only by using newly developed geno yping techiques. The sugges ion of possible direc human-o-human ransmission of *M. microti* warran s he use of s andar precau ions for preven ing he ransmission of *uberculosis*.

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