Pulmonary tuberculosis due to mycobacterium microti in an human immunodeficiency virus-infected patient
Foudraine, N.A.; van Soolingen, D.; Noordhoek, G.T.; Reiss, P.

Published in:
Clinical infectious diseases

DOI:
10.1086/517747

Citation for published version (APA):
infected will confer an increase but may resemble more closely
hose clinical presentations a ions seen in pa ien s with HIV infected.
In 1997, Connors et al. [7] quantified an antigen-specific CD4+ cell
receptor in HIV-infected individuals before and after therapy with
rifampin and isoniazid. The CD4+ cell count was reduced, but the
CD4+ cell clones were not affected.

In summary, MAC infection has been shown to occur in patients with
Pulmonary Tuberculosis Due to Mycobacterium microti in a Human Immunodeficiency Virus–Infected Patient

Recen ly, we described the microbiological identification of Mycobacterium microti (which belongs to the Mycobacterium tuberculosis complex), by using novel genetic markers, in specimens from four immunocompromised patients [1]. Herein we describe the clinical course of one of these four patients who was HIV-1-infected.

A 39-year-old, homosexual, HIV-1-infected man was admitted to hospital because of weight loss, fever, and a flu-like syndrome. Six weeks before admission, he had developed night sweats and weight loss of 14.5 kg. He had severe cough and dyspnea on exertion. A CT scan of the chest revealed a weight of 78.5 kg (normal, 90 kg).

There were no other abnormal findings. A sharp edge of the liver was palpable 3 cm below the right costal margin. Unchanged symmetrical axillary and inguinal lymphadenopathy was found.

Skin testing (M. Alisk and L. Schlesinger

Joseph M. Alisk and Larry Schlesinger

Department of Internal Medicine, University of Iowa Hospitals and Clinics, Iowa City, Iowa

References

energy. A chest radiograph revealed a small infiltrate in the left lower lung lobe, and a flu-like syndrome showed signs of tuberculosis. The importance of this case relates to the increased prevalence of M. microti complex in patients with HIV infection.
Bacteremia Due to Campylobacter sputorum Biovar sputorum

Campylobacter sputorum biovar sputorum can be found in the oral cavity and the gas roin is nasal in humans, but it rarely causes disease. To our knowledge, only a few reports have implicated his organism in human infec ions [1–4].

In three of these reports, the isolates were recovered from abscesses [1–3], whereas in the fourth report [4] the organism was recovered from fecal samples of pa ien s with diarrhea. We describe a case of C. sputorum biovar sputorum in a pa ien with a bace remia who presented with a knee abscess and a recen bace ches infec ion.

A 56-year-old woman with non-insulin-dependent diabetes mellitus was admitted to the hospital because of a 1-day history of nausea, vomi ing, and chills. Four weeks earlier she had fallen (home, grazing her right knee on the carpe. The right-knee lesion had developed surrounding ery hema and had begun discharging mal-odorous fluid. A admission to the hospital, he pa ien had a empirical diagnosis of 38.4°C. A 10-cm × 8-cm abscess cavity with purulent discharge and surrounding cellulitis was no ed over her right knee. Righ inguinal lymphadenopa hy was also no ed. In addi ion, on auscul a, he had a few coarse crepi a ions a he lef lung base. He was admitted to the hospital with a knee abscess and a recen bace ches infec ion.

There was no evidence of any den al disease, and there was no history of renal disease. He was transferred to the hospital for further evaluation.

Figure 1. CT scan of the chest of a 39-year-old, HIV-1-infected patient with pulmonary tuberculosis due to Mycobacterium microti. A cavitary infiltra ion was seen in the lower lung base.

References
3. Kamerbeek J, Schouts L, Kolk A, e al. Simul aneous de ec ion and s strainogy (generally pleomorphic: forming a sickle, a spiral, or an S-like appearance). This typical curved appearance, seen on Ziehl-Neelsen saion, is generally los during in vi ro cul ure. This bac erium is diffi cul o dis inguish 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 heods (3, 6). To da e, here are no specific rea men recommenda ions for infec ions due to M. microti, 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 lal for clinically impor an infec ion due to M. microti in HIV-1-infected pa ien s. M. microti can be dis inguished from o her members of he M. tuberculosis complex only by using newly developed geno yping echniques. The sugges ion of possible direc human- o-human transmiss ion of M. microti warran uses o use of s andar precau ions for preven ing he transmiss ion of tuberculosis.

Norbert A. Foudraine, Dick van Soolingen, Gerda T. Noordhoek, and Peter Reiss
National AIDS Therap Evaluation Centre (NATEC) and Department of Internal Medicine, and Division of Infectious Diseases, Tropical Medicine, and AIDS; Academic Medical Centre; Universit of Amsterdam, the Netherlands

Reprints or correspondence: Dr. Wee Tee, Vic orian Infec ious Diseases Reference Labora ory, Nor h Wes ern Heal h Care Ne work, Priva e Bag 815, Day and wi o he underlying bone or join . Af er an addi ional 4 days of iv icrocin/clavulana e, he response o he oral ciprofloxac in, 750 mg b.i.d., was ins i u ed. The pa ien ’s condi ion gradually improved and she was discharged from he hospital 3 days