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

Recen ly, we described he microbial heidenifica ion of M. cobacterium microti (which belongs o he M. cobacterium tuberculosis complex), by using novel gene ic markers, in speci mens from four immunocompromised pa ien s [1]. Herein we detail he clinical course of one of he four pa ien s who was HIV-1-infected.

A 39-year-old, homosexua l, HIV-1-infected ed man was admi ed o he hospi al because of weigh loss, fever, and a flu-like syndrome. Six weeks before admission, he had developed nigh swea s wi h concurren weigh loss and in ermi en fever ( empera ure, 34°C) wi h chills. A ha ime his CD4+ lymphocy e coun was 20/mm3 and his viral load was 140,000 copies/mL, despi e he had a nonproduc ive cough and dyspnea on exer ion, and he had no fevers or he liver was palpable 3 cm be low he righ costal margin. Unchanged symme ric alymia and inguinal lymphadenop ah was found.

Skin es ing (Mul i es CMI, Ins i u Méru e, Beneluse, Brus els, Belgium) including uuberulin skin es ing indica ed comple e

References
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11. Connors M, Kovaacs KA, Kreva S, e al. HIV infec ion induces changes in T-cell pheno ype and deple ions wi hin he CD4+ T-cell reper oire ha re no immedia ely res ored by an irr oviral or immune-based herapies. Ches 1993;104:988.
A 56-year-old woman with no-insulin-dependent diabetes entered the hospital because of a 1-day history of nausea, vomiting, and chills. Four weeks earlier she had fallen at home, grazing her right knee on the carpal tunnel. The right knee lesion had developed surrounding erythema and had begun discharging malodorous fluid. At admission, the patient was afebrile, and the right knee had a purulent discharge and surrounding cellulitis was noted over her right knee. Righ inguinal lymphadenopathy was also noted. In addition, she had a few coarse crepitus and a right knee recumbent. The patient was admitted for empirical therapy and was discharged with no evidence of any knee disease. She was no history of any knee disease.

The patient was discharged from the hospital 3 days after the admission.

References

2. Noordhoek GT, Kaan JA, Mulder S, Wilke H, Kolk AHJ. Routine applica
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Bacteremia Due to Camp lobacter sputorum Biovar sputorum

Camp lobacter sputorum biovar sputorum can be found in the oral cavity and is occasionally found in the respiratory tract. The organism is difficult to distinguish from other members of the M. microti complex on the basis of biochemical properties. However, nowadays, the diagnosis can be made by using newly developed spoligotyping techniques. The organism was first discovered and described in mice by Wells [4]. The organism was later shown to be indistinguishable from M. microti [5]. M. microti has a characteristic spiral, or S-like appearance. This characteristic curved appearance, seen on Ziehl-Neelsen staining, is generally lost during in vitro culture. This bacillus is difficult to distinguish from the members of the M. tuberculosis complex on the basis of biochemical properties.

The patient was a 56-year-old woman with no-insulin-dependent diabetes. She entered the hospital because of a 1-day history of nausea, vomiting, and chills. Four weeks earlier, she had fallen at home, grazing her right knee on the carpal tunnel. The right knee lesion had developed surrounding erythema and had begun discharging malodorous fluid. At admission, the patient was afebrile, and the right knee had a purulent discharge and surrounding cellulitis was noted over her right knee. Right inguinal lymphadenopathy was also noted. In addition, she had a few coarse crepitus and a right knee recumbent. The patient was admitted for empirical therapy and was discharged with no evidence of any knee disease. She was no history of any knee disease.

The patient was discharged from the hospital 3 days after the admission.

References

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