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

Recen ly, we described he microbiological iden ifica ion of M. tuberculosis microti (which belongs o he M. tuberculosis complex), by using novel gene ic markers, in speci mens 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, homosexual, HIV-1-infec ed man was admi ed ad o he hospi al because of weight loss, fever, and a flu-like syndrome. Six weeks before admission, he had developed nigh swea s wih concurren weight los and in eri en fever (= emera ure, =40°C) wih chills. A ha ime his CD4 lymphocy e coun was 20/mm 3 and his viral load was 140,000 copies/mL, despi e he had no produc ive cough and dyspnea on exer ion, and he had no chills.

The bowel movements w were unremarkable. Physical examina ion a ha ime of admission revealed a weigh of 78.5 kg (normal, 90 kg). There were no ches abnormali ies no ed. A sharp edge of he liver was palpable 3 cm below he righ cos al margin. Unchanged symme ricayllie and ingual lymphadenopa hy was found.

Skin es ing [Mul i es CMI, Ins u M érieu , Beneluse, Brus sels, Belgium] including u berculin skin es ing indica ed comple e

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Joseph M. Alisk and Larr Schlesinger
Bacteremia Due to Camp lobacter sputorum Biovar sputorum

Camp lobacter sputorum biovar sputorum can be found in he oral cavity and he gas roin es inal rac of humans, bu i rarely causes disease. To our knowledge, only a few report s have implicated his organism in human infec ions [1–4].

In three of his report s, he isolates were recovered from abscesses [1–3], whereas in the fourth report [4] he organism was recovered from fecal samples of a patient with diarrhea. We describe a case of C. sputorum biovar sputorum in a patient with he prese of he knee abscess and a recenc bac eremia who prese ed wi h a knee abscess and a recenc he reses infrac.

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3. Kamerbeek J, Shouls L, Kolk A, et al. Simul aneous de ec ion and s ring (generally pleomorphic: forming a sickle, a spiral, or an S-like appearance). This typcal curved appearance, seen on Ziehl-Neelsen s aining, is generally los during in vi ro cul ure. This bac erium is difficul 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 od and he s ring [3, 6]. To da, here are no specific rea men recommenda ions for infec ions due o M. microti, given ha addional da a concerning drug suscep ibil y of M. microti are no available. For he moment, careful clinical and microbiological moni oring of he response o empiric herapy is imply an.

This case illus ra es ha he po en in al for clinically impor an infec- tion due o M. microti in HIV-1-infec ed patient s. M. microti can be dis inguished from he o her members of he M. tuberculosis complex only by using newly developed geno yping techniques. The suggest 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 he tuberculosi s.

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