

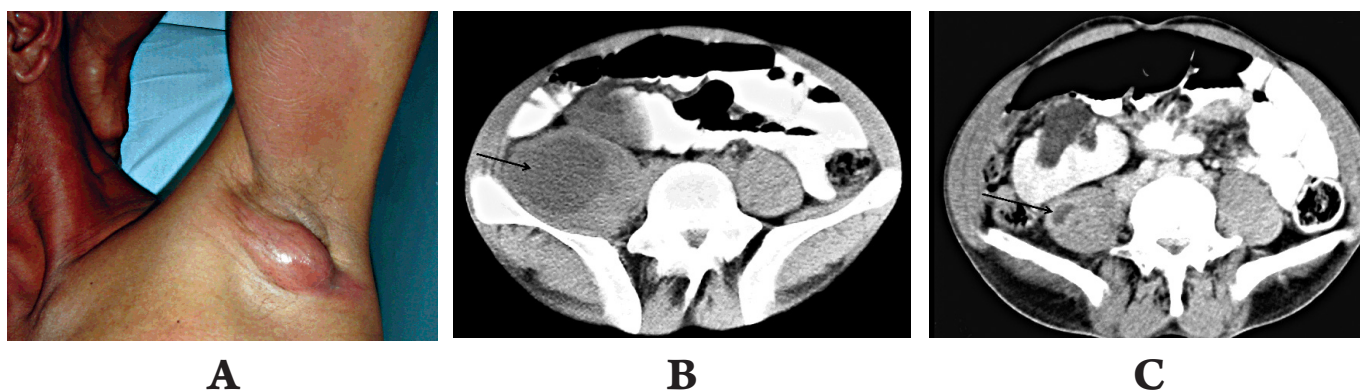


Images in Infectious Diseases/Imagens em DIP

Disseminated *Mycobacterium abscessus* infection in an AIDS patient

Infecção disseminada pelo *Mycobacterium abscessus* em paciente com AIDS

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A 36-year-old male patient had AIDS diagnosed 10 years before coming to our hospital with respiratory complaints which started 15 days earlier. He was treated for pulmonary tuberculosis for six months and started on highly active anti-retroviral therapy (HAART). There was partial improvement but treatment for HIV infection was used irregularly and he was re-admitted to hospital 4 times over the last 3 years. His initial CD4⁺ cell count was 24/mm³ but increased to 160/mm³ after 4 months of HAART. In the last two weeks he noticed an increase in axillary and groin lymph nodes (**Figure A**) accompanied by fever, abdominal pain and weight loss. The lymph node in the left armpit was drained and a purulent and bloody secretion was obtained and sent for culture. Abdominal ultrasound showed a psoas abscess also confirmed by a computed tomography (CT) scan of the abdomen (**Figure B**). An ultrasound guided drainage of the abscess was performed. Culture of both secretions revealed the presence of *Mycobacterium abscessus*. Treatment with clarithromycin, amikacin and imipenem was started and maintained for 34 days. He left the hospital using clarithromycin and ciprofloxacin and was in good clinical condition. A CT scan was repeated just before dismissal which showed residual collection in the right psoas muscle (**Figure C**). To our knowledge, this is the second case of disseminated *Mycobacterium abscessus* in an AIDS patient described in the literature.

O paciente, de 36 anos, com diagnóstico de AIDS, há 10 anos, foi admitido no hospital com queixas respiratórias de início havia 15 dias. Ele recebeu tratamento para tuberculose pulmonar por seis meses e iniciou-se, concomitantemente, o tratamento com antirretrovirais de alta potência. Houve melhora parcial, mas o paciente fez uso irregular do tratamento e foi readmitido no hospital quatro vezes nos últimos três anos. A contagem de células CD4⁺ inicial era de 24/mm³ e aumentou para 160/mm³, quatro meses após o início da terapia antirretroviral. Nas últimas duas semanas, ele notou aumento de linfonodos axilares e inguinais (**Figura A**), febre, dor abdominal e perda de peso. Após punção do linfonodo na axila esquerda, obteve-se secreção purulenta e sanguinolenta que foi encaminhada para cultura. O ultrassom do abdômen revelou a presença de abscesso no músculo *psoas* direito e confirmou-se o achado pela tomografia computadorizada (TC) do abdômen (**Figura B**). Realizou-se drenagem do abscesso do *psoas* guiada por ultrassom e a cultura das secreções (linfonodo e *psoas*) revelou a presença de *Mycobacterium abscessus*. Iniciou-se o tratamento com claritromicina, amicacina, e imipenem que foi mantido por 34 dias. O paciente recebeu alta hospitalar em uso de claritromicina e ciprofloxacina em bom estado geral. A tomografia computadorizada, repetida antes da alta hospitalar, mostrou discreta coleção residual no músculo *psoas* (**Figura C**). Este é o segundo caso de infecção disseminada pelo *Mycobacterium abscessus* em paciente com AIDS descrito na literatura.

REFERENCES

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