

Images in Infectious Diseases

Cerebral and mediastinal abscesses caused by *Nocardia asiatica* in an hiv-infected patient

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We herein describe the case of a 40-year-old woman in the Central-West region of Brazil with a nine-year history of HIV infection, who was receiving stavudine, lamivudine, and efavirenz. She had a CD4 T lymphocyte count of 42/mm³, CD8 T lymphocyte count of 642/mm³, and her most recent viral load was 6,275 copies/mL. She presented with mediastinal and cerebral manifestations, characterized by a left hemithoracic tumor, left pleural effusion, evolving hypoesthesia in the phalanges of the right hand, headache, presence of a left thoracic collection, and a hypodense left parieto-temporal lesion on computed tomography, caused by *Nocardia asiatica*. The patient recovered after treatment with sulfamethoxazole/trimethoprim, ceftriaxone, and amikacin; thoracotomy; and drainage of the extensive thoracic collection. Nocardiosis is an uncommon infection that occurs in immunocompromised individuals, such as HIV-positive patients, patients with oncological diseases, or those receiving immunosuppressive drugs^{1,2}.

Analysis of pleural and cerebral secretions detected *Nocardia spp.*, a Gram-positive (**Figure A**), filamentous, strictly aerobic, partially alcohol- and acid-resistant bacterium (**Figure B**). The laboratory identification of *Nocardia spp.* is difficult as it is often confused with mycobacteria². *N. asiatica* was also identified by direct microscopic examination with 20% potassium hydroxide (**Figure C**). Sequencing of the 1376 bp 16S rRNA from this isolate (GenBank accession no. KF562729) revealed 100% identity with that of the *N. asiatica* strain DSM 44668 (GenBank accession no. GQ217495). Furthermore, phylogenetic analysis showed the formation of a clade with *N. asiatica*, emphasizing the importance of genotypic analysis for the diagnosis of nocardiosis³.

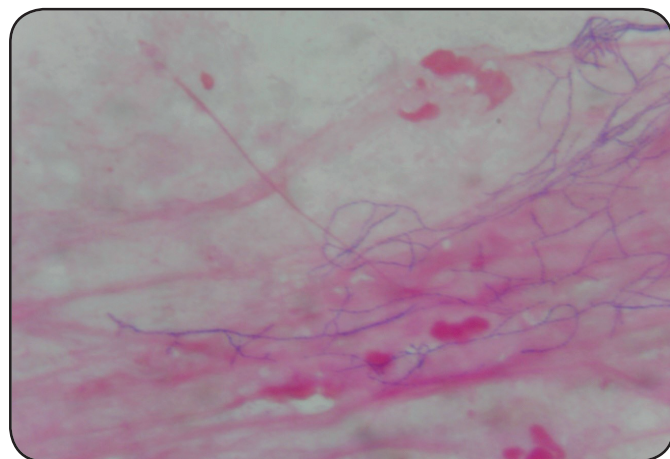


FIGURE A: Presence of Gram-positive filamentous bacteria (*Nocardia spp.*) on Gram staining.

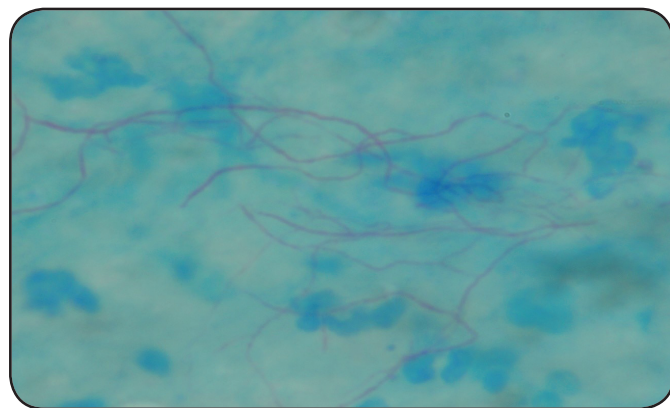


FIGURE B: Presence of partially alcohol and acid resistant filamentous bacteria (*Nocardia spp.*) on Ziehl-Neelsen staining.

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Received 12 November 2018

Accepted 14 February 2019

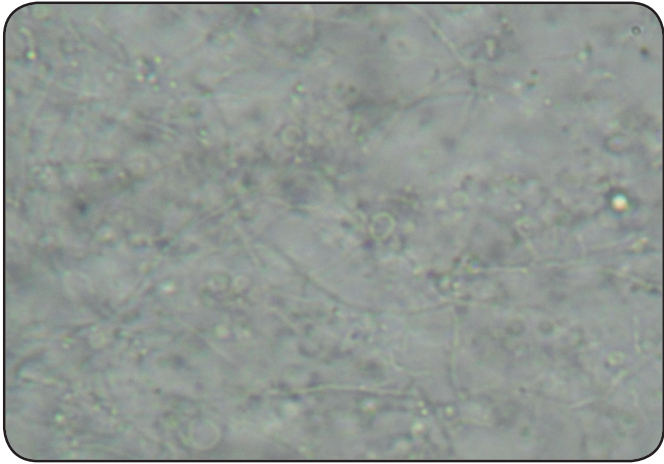


FIGURE C: Presence of filamentous bacteria (*Nocardia spp.*), identified by direct microscopic examination with 20% potassium hydroxide.

Conflict of Interest

The authors declare that there is no conflict of interest.

Financial Support

This research had financial support from the Brazilian National Council for Scientific and Technological Development (CNPq), a federal agency for research support, through a research incentive grant for Francisco José Dutra Souto.

REFERENCES

1. Steinbrink J, Leavens J, Kauffman CA, Miceli MH. Manifestations and outcomes of nocardia infections: Comparison of immunocompromised and nonimmunocompromised adult patients. *Medicine (Baltimore)*. 2018;97(40):e12436.
2. Brown-Elliott BA, Brown JM, Conville PS, Wallace RJ Jr. Clinical and laboratory features of the *Nocardia spp.* based on current molecular taxonomy. *Clin Microbiol Rev*. 2006;19(2):259-82.
3. Conville PS, Brown-Elliott BA, Smith T, Zelazny AM. The complexities of *Nocardia* taxonomy and identification. *J Clin Microbiol*. 2017;56(1).pi:e01419-17.