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Intestinal *Mycobacterium avium* complex infection: a rare case of small-bowel atrophy

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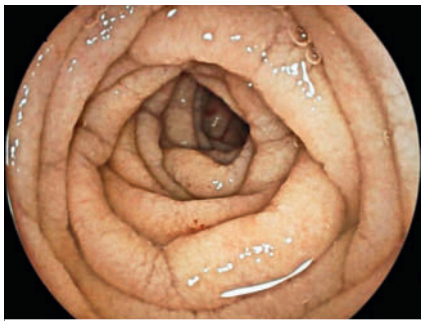
We report the case of a 57-year-old woman with acquired immunodeficiency syndrome (AIDS) who was admitted to the emergency room with fever, diarrhea, and severe malnutrition (body mass index [BMI] 15.8 kg/m^2). Her history was notable for human immunodeficiency virus (HIV) infection with poor therapeutic adherence, which had been complicated by multiple opportunistic infections. Esophagogastroduodenoscopy and colonoscopy were macroscopically normal. A video capsule endoscopy was performed, which revealed diffuse jejunal atrophy, and whitish and edematous enteric mucosa with scalloping (▶ **Video 1**). Subsequently, anterograde double-balloon enteroscopy confirmed significant signs of atrophy with scalloping and a mosaic pattern in the jejunum (▶ **Fig. 1**). Subsequent histologic examination raised the suspicion of *Mycobacterium avium* complex (MAC) (▶ **Fig. 2**), which was confirmed afterward by polymerase chain reaction (PCR). Treatment was therefore initiated with rifabutin, azithromycin, and ethambutol with clinical improvement.

Disseminated MAC is an infection caused by a nontuberculous mycobacterial species [1], with this type usually associated with HIV infection; however, the widespread use of effective antiretroviral therapy and the use of prophylaxis against MAC infection have reduced the incidence of this illness [2]. This case describes a rare manifestation of an infrequent opportunistic infection that is typical of AIDS patients. In addition, we report detailed imaging and video documentation of a MAC-driven enteropathy to support endoscopists and clinicians in their everyday practice.

Video 1 Video capsule endoscopy showing diffuse jejunal atrophy, and whitish and edematous enteric mucosa with scalloping in a patient with *Mycobacterium avium* complex disease.



▶ **Fig. 1** Image during anterograde double-balloon enteroscopy showing signs of atrophy, scalloping, and a mosaic pattern of the jejunum in a patient with *Mycobacterium avium* complex disease.

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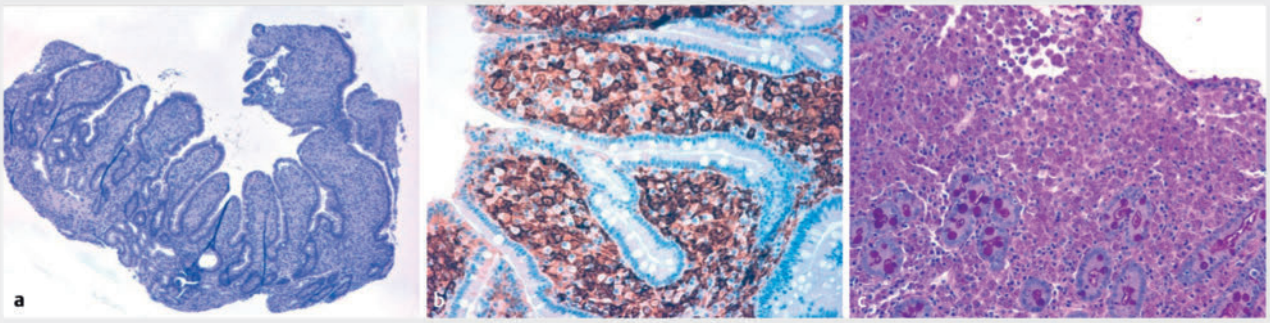
Conflict of Interest

The authors declare that they have no conflict of interest.



▶ **Fig. 2** Histologic appearance showing: **a** ileal mucosa with diffusely enlarged villi (hematoxylin and eosin [H&E] stained; magnification × 40); **b** ileal lamina propria filled with histiocytes (CD68 immunostaining; × 200); **c** histiocytic cytoplasm full of periodic acid–Shiff (PAS)-positive bacilli (PAS stained; × 200).

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