Internal Medicine
The Japanese Society of Internal Medicine
doi: 10.2169/internalmedicine.4988-20
Intern Med 60: 1133-1134, 2021
http://internmed.jp

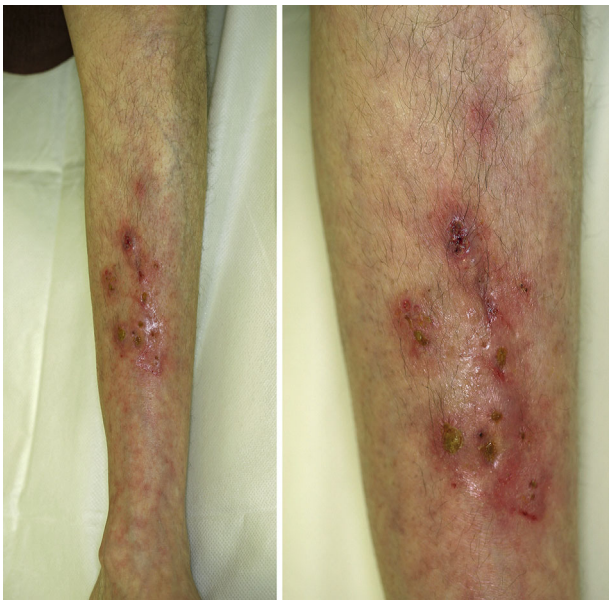
【 PICTURES IN CLINICAL MEDICINE 】

Cutaneous *Mycobacteroides chelonae* Infection

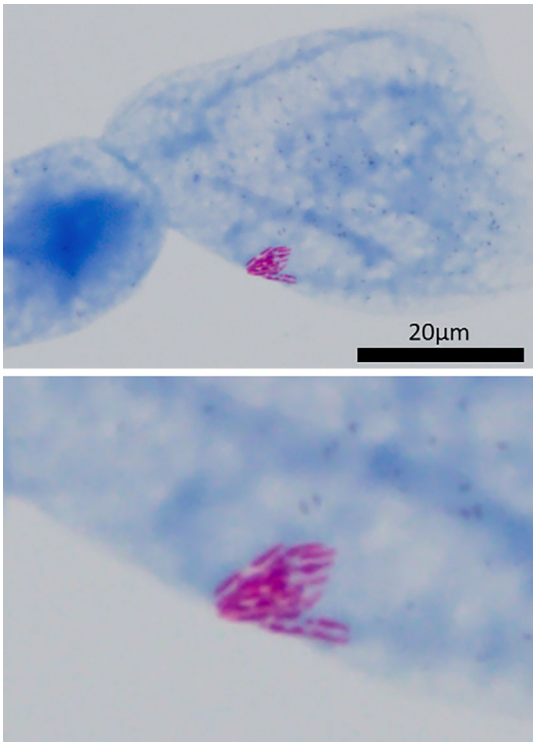
Masahiro Ishikane[1], Tatsuro Mitsuhashi[1,2], Ayano Motohashi[3] and Naohiko Aozasa[4]

Key words: *Mycobacteroides chelonae*, acid-fast staining, immunodeficiency

(Intern Med 60: 1133-1134, 2021)
(DOI: 10.2169/internalmedicine.4988-20)



Picture 1.



Picture 2.

A 55-year-old woman presented with a 3-month history of progressively worsening, intractable, ulcerated papules on her left lower leg (Picture 1). She had a history of rheumatoid arthritis and was treated with 4 mg/day of prednisolone, 8 mg/week of methotrexate, and 4 mg/day of baricitinib (Janus kinase inhibitor) for 1 year. Bacterial culture revealed no bacterial growth. However, acid-fast staining of the purulent discharge demonstrated acid-fast bacilli (Picture 2). Eventually, *Mycobacteroides chelonae* was identified from pus and biopsied tissues. The patient was treated with oral clarithromycin and sitafloxacin for three months with improvement. *M. chelonae* is a rapidly growing mycobacterium belonging to the Runyon classification group IV and is a causative bacteria associated with intractable skin lesions (1). Acid-fast staining and mycobacterial culture are important for the diagnosis. *M. chelonae* infection should be considered in cases of long-term intractable skin lesions, such as in this patient with immunodeficiency (2).

The authors state that they have no Conflict of Interest (COI).

Acknowledgement

We thank Dr. Atsushi Yoshida at the Department of Infectious Diseases, Tokyo Women's Medical University, Tokyo, Japan for the culture and drug-susceptibility testing of *M. chelonae*.

[1]Disease Control and Prevention Center, National Center for Global Health and Medicine, Japan, [2]Infection Control Office, Aomori Prefectural Central Hospital, Japan, [3]Microbiology Laboratory, National Center for Global Health and Medicine, Japan and [4]Department of Dermatology, National Center for Global Health and Medicine, Japan
Received: March 31, 2020; Accepted: September 27, 2020; Advance Publication by J-STAGE: November 9, 2020
Correspondence to Dr. Naohiko Aozasa, naozasa@hosp.ncgm.go.jp

References

1. Griffith DE, Aksamit T, Brown-Elliott BA, et al. An official ATS/IDSA statement: diagnosis, treatment, and prevention of nontuberculous mycobacterial diseases. Am J Respir Crit Care Med **175**: 367-416, 2007.
2. Uslan DZ, Kowalski TJ, Wengenack NL, Virk A, Wilson JW. Skin and soft tissue infections due to rapidly growing mycobacteria: comparison of clinical features, treatment, and susceptibility. Arch Dermatol **142**: 1287-1292, 2006.