

# Role of *Tsukamurella* species in human infections: first literature review

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## Abstract

*Tsukamurella* is an aerobic, Gram-positive and nonmotile bacterium. It was first isolated in 1941 from the mycetoma and ovaries of the bedbug. The primary strains were named *Corynebacterium paurometabolum* and *Gordona aurantiaca* and are different from the Collins et al., 1988 classification of the new *Tsukamurella* genus. Human infections with *Tsukamurella* species are rare because the species is a kind of saprophyte bacterium; however, most information regarding this species comes from case reports. Molecular markers for the identification *Tsukamurella* include sequencing of 16S rRNA, *groEL*, *rpoB*, *secA1* and *ssrA* genes. Given the lack of information on the treatment of *Tsukamurella* infections, a combination of various antibiotic agents is recommended.

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## Introduction

Actinomycetes that have mycolic acid (chemotype IV) have been classified under genera such as *Corynebacterium*, *Gordonia*, *Mycobacterium*, *Nocardia*, *Rhodococcus*, *Tsukamurella*, *Skermania* and *Williamsia* [1]. As determined by 16S rRNA gene sequencing, these taxa have numerous features; *Corynebacterineae* comprise all these taxa, along with *Turicella* [2]. The genus *Tsukamurella* is an aerobic actinomycetes with a series of very long chains and unsaturated mycolic acid. It belongs to *Actinobacteria*, *Actinomycetales*, *Corynebacterineae* and *Tsukamurellaceae*. *Tsukamurella* was introduced in 1988 by Collins et al. according to the analysis of Japanese scientist Michiko Tsukamura and of the studies of Steinhaus [3–6]. *Tsukamurella paurometabola* was the first member of this genus, and it has a complex history. It was transferred from the genus *Gordona* to *Rhodococcus* and eventually classified as the genus *Tsukamurella*. The name *Tsukamurella* was selected to honor Michio Tsukamura, and *paurometabolum* (*pauros*, ‘small,’

and *metabolas*, ‘changeable’) was chosen because it had been described previously by Steinhaus [5] and refers to the fact that this bacterium is inactive in most phenotypic tests. On the basis of the rules of nomenclature, the name was then changed to *paurometabola* [4,7]. The genus *Tsukamurella* consists of 11 species with available published names (<http://www.bacterio.net/tsukamurella.html>) [9]. *Tsukamurella* spp. are environmental saprophytes which are isolated from soil, arthropods, water, sludge foam and sponges [9]. They are opportunistic pathogens and can be spread through clinical instruments (e.g. catheters). They therefore can cause various infections in humans, such as pulmonary and cutaneous infections and meningitis; colonization also occurs in immunosuppressed individuals [1]. To date, nine species of the genus *Tsukamurella* have been isolated from human infections: *inchonensis*, *paurometabola*, *strandjordii*, *tyrosinosolvens*, *pulmonis*, *hongkongensis* and *sinensis* [10,11]. Although *Tsukamurella serpens* was recently isolated from the oral cavity of two venomous snakes (*Naja atra*) in China, there is no report of human infection by this species after being bitten [12].

## History of *Tsukamurella*

One member of the aerobic actinomycetes with a series of very long chains and unsaturated mycolic acids that was created in

1988 is *Tsukamurella*. *Tsukamurella* is a Gram-positive, rod-shaped bacterium that is typically misidentified as *Corynebacterium*, *Rhodococcus*, *Nocardia* and some nontuberculous mycobacteria species, so molecular methods are necessary for their accurate identification. Members of the taxa that comprise mycolic acids with wall chemotype IV differ in some features; *Tsukamurella* consists of 64 to 78 carbon atoms, *Nocardia* 44 to 60, *Mycobacterium* 60 to 90 and *Rhodococcus* 34 to 64. The G+C content of *Nocardia* is 64 to 72 mol%, *Mycobacterium* 62 to 70 mol% and *Rhodococcus* 63 to 73 mol%, but *Tsukamurella* is 67 to 68 mol%, although some species are exceptions to these ranges. Tuberostearic acid is another attribute that may be used to differentiate among genera. *Tsukamurella*, *Nocardia*, *Mycobacterium* and *Rhodococcus* include tuberostearic acid, but *Corynebacterium* does not—again, with the exception of some species [4]. Steinhaus [5] in 1941 isolated an organism from the mycetoma and ovaries of bedbugs (*Cimex lectularius*) and named it *Corynebacterium paurometabolum*. The presence of meso-diaminopimelic acid and an arabinogalactan polymer also causes misidentification because strains that contain these substances resemble *Corynebacterium*. Unsaturated mycolic acid (68 to 76 carbon atoms and two to six double bonds) can be used to distinguish *Tsukamurella* species from *Corynebacterium* [4]. Tsukamura and Mizuno [6] in 1971 identified a similar species with long mycolic acid as *Gordona aurantiaca*. *Rhodococcis aurantiacus* was initially classified under the genus *Rhodococcus*, but because it did not have features that can be distinctly associated with the genus *Rhodococcus*, the species was omitted from this classification. The findings of Goodfellow et al. showed that *Tsukamurella* is similar to *Mycobacterium* and *Nocardia*, but because of very long series and unsaturated mycolic acid, it can differ from other mycolic acid-containing actinomycetes [4].

In accordance with the results of 16S rRNA gene analyses, Collins et al. [4] in 1988 reclassified *C. paurometabolum* and *R. aurantiacus* under a new genus, *Tsukamurella*. Apart from being a Gram-positive bacterium, *Tsukamurella* is a partially acid fast, obligatory aerobic bacterium that does not have a capsule or aerial hyphae. It is chemoorganotrophic, catalase positive and pyrazinamidase positive, and some species can produce acid of some sugars. Moreover, it is a non-spore forming, lysozyme-resistant bacterium with nonmotile, rod-shaped cells that can be straight or curved and can be seen in pairs or groups of coccobacillary forms by Gram stain. Some *Tsukamurella* species produce pigmented colonies; isolation by Löwenstein-Jensen and brain-heart infusion media indicated that *Tsukamurella* colonies are different. The species are long rods at the first stage of growth but later separate and form new rods. Colonies are visible at 24 to 72 hours' growth [13]. The optimal growth temperature of *Tsukamurella* is 25 to 35°C, although there are some exceptions (Table I) [3]. The cell

**TABLE I.** Some phenotypic characteristics of *Tsukamurella* spp

Name	OT (°C)	NaCl concentration	Hydrolysis												Tween Study								
			Oxi	Cata	Nit	Lip	Fru	Man	Sorb	Xyl	Gala	Cello	Arabi	Dul	meso-Ery	Sali	Xanthine	Adenine	Hypoxanthine	Casein	Aesculin	Urea	Tyrosine
<i>T. hongkongensis</i>	ND	ND	+	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	[60]
<i>T. incognitus</i>	24–45	5%	ND	+	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	[61]
<i>T. paurometabola</i>	10–35	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	[4]
<i>T. pseudopumae</i>	25–30	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	[62]
<i>T. pulmonis</i>	24–37	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	[52]
<i>T. sinensis</i>	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	[60]
<i>T. soli</i>	30	3.0%	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	[63]
<i>T. spuriae</i>	25–37	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	[64]
<i>T. strandjordae</i>	28–35	5%	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	[11]
<i>T. tyraensisolvens</i>	24–37	5%	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	[65]
<i>T. serpens</i>	10–37	7%	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	[12]

+/- indicates different utilization.  
Arab, arabinose; Arabit, arabinotriose; Cata, catalase; Cello, cellobiose; Dul, dulcitol; Fru, fructose; Gala, galactose; Lip, lipase; Man, manitol; meso-Ery, meso-erythritol; ND, not determined; Nit, nitrate reductase; OT, optimum temperature; Oxi, oxidase; Sali, salicin; Sorbitol; Xyl, xylose.

envelope of the bacterium consists of peptidoglycan, sugars (arabinose and galactose, as shown in a sugar analysis), phospholipids, fatty acids, mycolic acid and unsaturated menaquinones. Cell wall analysis has shown meso-diaminopimelic acid type A1 in the structure of peptidoglycan. The species also contains phosphatidyl ethanolamine and 10-methyloctadecanoic fatty acids, and it has a G+C content of 67 to 68 mol% [14]. Peptidoglycan consists of D-alanine, L-alanine, N-acetylglucosamine, D-glutamic acid and muramic acid. Phospholipids contain phosphatidyl inositol, phosphatidylethanolamine and diphosphatidylglycerol. Fatty acids contain tuberculostearic acids [15].

## Infections Caused by *Tsukamurella* Species

To date there has been no decisive report that shows any specific virulence factor for this genus. Most information regarding human infection by *Tsukamurella* has derived from case reports. Given that such infection is not routine, it can be inferred to be a kind of nosocomial and sporadic infection. Infection with *Tsukamurella* spp. is rare and mostly caused by contact with infected catheters [16]. Some reports regarding *Tsukamurella* infections have identified the sources of infections as other mycolic acid-containing actinomycetes. Lung disease in immunodeficient patients has long been attributed to *Tsukamurella* infection. The most commonly reported sources of *Tsukamurella* infection include bacteraemia [17–24], meningitis [25], peritonitis [26], keratitis [27–29], cutaneous infection [30], conjunctivitis [23,29,31], brain abscess [32], respiratory tract infection [29,33–38], catheter-related bloodstream infection [16,19,23,29,39–44] and acute otitis media [16]. In addition, *Tsukamurella* is a threat to people with immunodeficiency, including HIV infection [34,45]. The risk factors for such infection are renal failure, foreign bodies (e.g. clinical equipment) and most importantly immunosuppressive diseases [46]. Tuberculosis-like syndromes and symptoms include acute bronchitis, bacteraemic pneumonia, productive cough, haemoptysis and weight loss [47]. The isolation history of *Tsukamurella* spp. is shown in Table 2.

## Identification Methods

### Phenotypic methods

Members of aerobic actinomycetes are increasing as a result of the discovery of new species, and clinical microbiologists will face problems identifying them. Phenotypic tests are the first way to

Species	Introduced in year	Clinical specimens						Environmental samples				Study	
		Mycetoma	Conjunctival swab	Lung	Sputum	Blood	Catheter	Soil	Deep-water marine sponge	Sludge foam	Insect	Venomous snake	
<i>T. pyrosolvens</i> <sup>a</sup>	1997												Yassin, Rainey et al., 1997
<i>T. hongkongensis</i>	2016												Teng, Tang et al., 2016
<i>T. indonensis</i>	1995												Yassin, Rainey et al., 1995
<i>T. pseudobiumae</i> <sup>a</sup>	2004												Nam, Kim et al., 2004
<i>T. pseudobiumae</i> <sup>a</sup>	1988												Collins et al., 1988
<i>T. paucamedobolia</i>	1996												Yassin, Rainey et al., 1996
<i>T. pulmonis</i> <sup>a</sup>	2016												Teng, Tang et al., 2016
<i>T. siensis</i>	2010												Weon, Yoo et al., 2010
<i>T. soli</i>	2003												Nam, Chun et al., 2003
<i>T. spumiae</i>	2002												Kattar, Cookson et al., 2001
<i>T. strandioriae</i>	2016												Tang, Teng 2016
<i>T. serpens</i>													

ND, not determined.  
<sup>a</sup>See current taxonomy of *Tsukamurella* species.

distinguish among aerobic actinomycetes, although the spectra of these tests do not have all the varieties in laboratories to permit identification among species. For instance, analyzing whole-cell sugar is rarely used for identification in clinical laboratories. Staining of these bacteria in a medical laboratory is by Gram stain, which can differentiate a partially acid-fast organism from an acid-fast one. Most conventional and standard media are suitable for growing this bacterium. Blood agar, chocolate agar, brain-heart infusion agar, Sabouraud dextrose agar, Columbia agar with 5% defibrinated sheep's blood agar [12] and Löwenstein-Jensen medium will all support the growth of most aerobic actinomycetes. Aerobic conditions are recommended to better grow aerobic actinomycetes. *Tsukamurella* treatment by partially acid-fast stain shows weakly positive colony morphology; bacteria on conventional media are small and dry, with convex elevation, and form white, cream-coloured to orange colonies [48]. According to Bergey's *Manual of Systematic Bacteriology*, colonies of *T. paurometabola* are smooth and creamy and have a fried-egg appearance; other species can show a variety of colours. Optimal growth temperature is 25 to 37°C. As Steinhaus [5] has noted, semisolid medium with gelatin, carbohydrates and rabbit serum is the basic medium for isolation of *T. paurometabola* [15]. The species show partially acid-fast results, but some researchers believe that strongly acid-fast results have been observed in some species [3]. Matrix-assisted desorption ionization-time of flight mass spectrometry (MALDI-TOF MS) may also be performed to help with identification [49,50].

### Molecular methods

16S rRNA gene sequencing can be carried out to detect *Tsukamurella* spp. Park et al. [51] used primers 27F (5'-AGAGTTTGATCMTGGCTCAG-3') and 1525R (5'-AAGGAGGTGWTCCARCC-3') for the PCR amplification of the 16S rRNA gene. Through the PCR-mediated amplification of 16S rRNA gene and lipid analysis based on thin-layer chromatography, Yassin et al. [52] isolated *T. pulmonis*. Woo et al. [31] used the primers LPW57 (5'-AGTTTGATCCTGGCTCAG-3') and LPW58 (5'-

AGGCCCGGGAACGTATTAC-3'). DNA-DNA hybridization is rarely used in clinical laboratories, although it is a standard molecular method for novel species identification. Via dot blot analysis, Kattar et al. [11] performed DNA-DNA hybridization and also carried out gas liquid chromatography, high-performance liquid chromatography and 16S rRNA gene sequencing with the primers 8FPL and DG74. Housekeeping genes such as *hsp65* (heat shock protein 65), *rpoB* (RNA polymerase, β subunit), *gyrB* (DNA gyrase, subunit B), *groEL* (molecular chaperone GroEL) and the 16S–23S internal transcribed spacer are used to identify aerobic actinomycetes [3]. Teng et al. [53] used 16S rRNA, *ssrA* (small stable RNA), *secA* (secretory), *rpoB* and *groEL* for differentiation of *Tsukamurella* species; results indicated that only 16S rRNA and *groEL* were effective in indicating the exact species. Teng et al. [50] recommended the use of PCR–restriction fragment length polymorphism (RFLP) and 16S rRNA gene sequencing analysis or other advanced molecular methods to differentiate *Tsukamurella* from other similar genus. Pérez et al. [54,55] also used 16S rRNA analysis, with PA (5'-AGAGTTTGATCCTGGCTCAG-3') and PLO6 R (5'-GCGCTCGTTCGCGGACTTA ACC-3') and Tsukal (5'-CTACCTGCGCGACAACATG-3'), as well as Tsuka2 (5'-CGATCGTCTTCTGCGGATG-3') as primers for *secA1* genes on microorganisms in blood from bloodstream infections, which indicated *T. pulmonis*. According to the evidence of Teng et al. [8,53], the 16S rRNA gene was unsuccessful in differentiating *T. sinensis* from some strains such as *T. pulmonis* and *T. tyrosinosolvens*; furthermore, *secA1* failed to differentiate between *Tsukamurella spumae* and *Tsukamurella pseudospumae*. Two primers used for the *hsp65* gene included TB11 (5'-ACCAACGATGGTGTCCAT-3') and TB12 (5'-CTTGTGAAACCGCATACCCT-3'); the results indicated that *T. spumae* was the cause of an infection in that case report; for 16S rRNA gene sequencing, LPW27807 (5'-TGGCTCAGGACGAACGCT-3') and LPW27808 (5'-GAGGT-GATCCAGCCGCA-3') were used [50]. PCR-RFLP was the first method adopted in *Tsukamurella* identification [50]. The 16S rRNA gene-based phylogenetic tree of *Tsukamurella* species was analysed by MEGA5 software [56] (Fig. 1).

**FIG. 1.** Full gene sequencing (~1500 bp fragment) of 16S rRNA gene-based phylogenetic tree of *Tsukamurella* species (standard isolates) computed by neighbour-joining analyses and Kimura two-parameter model. Support of each branch as determined from 1000 bootstrap samples. Bar 0.005 indicates one nucleotide substitution per 100 nucleotides.



## Antibiotic Susceptibility Testing and Treatment

In the literature, there is little information about sensitivity to antibiotics in the genus *Tsukamurella*. The best antibiotic susceptibility testing is microbroth dilution, which was introduced by the Clinical and Laboratory Standards Institute [57]. *Tsukamurella* spp. are resistant to penicillin, oxacillin, piperacillin/tazobactam and cephalosporins, which are prescribed for treatment of nontuberculous mycobacteria infection, whereas *Tsukamurella* is susceptible to amikacin, ciprofloxacin, imipenem, doxycycline, linezolid and sulfamethoxazole [47,58]. Because of the insufficiency of guidelines regarding the treatment of *Tsukamurella* infection, the combination of β-lactam and aminoglycoside antibiotic agents and the removal of catheters has been recommended for improved outcomes. Therefore, as a related taxon, *Tsukamurella* can be inactivated by the ribosylation of the 23-OH group of antibiotics [59]. Effective results resulted from a combination of β-lactam or macrolide with aminoglycoside antibiotic agents for a long treatment period [47]. Susceptibility testing is necessary for proper treatment of *Tsukamurella* infections [16].

## Current Taxonomy of *Tsukamurella* Species

According to some new work by Teng et al. [50], some species such as *T. tyrosinosolvens*, *T. pseudospumae* and *T. pulmonis* have been misclassified. Too much similarity between some species of *Tsukamurella* in many molecular and phenotypic experiments was the reason that Teng et al. asked researchers to confirm the hypothesis that these three species in fact are the same type and misclassified. MALDI-TOF MS analysis, 16S rRNA gene sequencing, phylogenetic analysis, whole genome comparison, DNA-DNA hybridization and phenotypic characteristics are some of the studies Teng et al. performed. Research revealed that even though high similarity exists between *T. tyrosinosolvens* and *T. carboxydovorans* in the genomic analysis, some genomic islands and regions are present in the *T. tyrosinosolvens* genome. Further investigation and analysis indicated that these islands are mobile element proteins and other proteins related to phages. Although the *T. tyrosinosolvens* that they used their in research had been isolated from a patient with a cardiac pacemaker implant and the *T. carboxydovorans* had an environmental source (soil), more research is needed to confirm the pathogenic power of these genomic islands. After assessing similarity by G+C content, 16S rRNA gene sequencing, MALDI-TOF MS and phylogenomic analyses, reclassification

was suggested for *T. spongiae* as *T. pulmonis*, *T. carboxydovorans* as *T. tyrosinosolvens* and finally *T. sunchonensis* as *T. pseudospumae* [50].

## Conclusion

To our knowledge, this is the first review of the literature of *Tsukamurella* species. Despite the lack of information on this genus and its status as a kind of saprophyte, it has been confirmed as a cause of opportunistic infections. Members of this genus are increasingly being identified, thus highlighting the need to clarify its features for improved cooperation between doctors and microbiologists. The pathogenic mechanism and antibiotic resistance of *Tsukamurella* are unknown and therefore require more research that involves clinical samples and new detection methods. It is hoped that in the near future new molecular methods can reveal different aspects of *Tsukamurella* for the promotion of clinical perspectives and development of enhanced treatment options.

## Conflict of Interest

None declared.

## References

- [1] Dworkin M, Falkow S, Rosenberg E, Schleifer KH, Stackebrandt E. The prokaryotes. In: Archaea Bacteria: firmicutes, actinomycetes, vol. 3. New York: Springer; 2006.
- [2] Goodfellow M, Chun J, Stackebrandt E, Kroppenstedt RM. Transfer of *Tsukamurella wratislaviensis* Goodfellow et al. 1995 to the genus *Rhodococcus* as *Rhodococcus wratislaviensis* comb. nov. Int J Syst Evol Microbiol 2002;52:749–55.
- [3] Liu D. Molecular detection of human bacterial pathogens. New York: Taylor & Francis; 2011.
- [4] Collins M, Smida J, Dorsch M, Stackebrandt E. *Tsukamurella* gen. nov. harboring *Corynebacterium paurometabolum* and *Rhodococcus aurantiacus*. Int J Syst Evol Microbiol 1988;38:385–91.
- [5] Steinhaus EA. A study of the bacteria associated with thirty species of insects. J Bacteriol 1941;42:757.
- [6] Tsukamura M, Mizuno S. A new species *Gordona aurantiaca* occurring in sputa of patients with pulmonary disease. Kekkaku (Tuberculosis) 1971;46:93–8.
- [7] Topley and Wilson's microbiology and microbial infections. vol. 8. New York: Wiley; 2006.
- [8] Teng JL, Tang Y, Lau SK, Woo PC. Reply to Perez del Molino Bernal and Agüero Balbin, 'seqA1 is a useful target for identification of *Tsukamurella pulmonis*'. J Clin Microbiol 2017;55:1592–4.
- [9] World Health Organization. Guidelines for drinking-water quality. London: IWA Publishing; 2004.
- [10] Cheung LW. Evaluation of gene targets for identification of *Tsukamurella* species. PhD diss. University of Hong Kong; 2014.

- [11] Kattar MM, Cookson BT, Carlson LC, Stiglich SK, Schwartz MA, Nguyen TT, et al. *Tsukamurella strandjordae* sp. nov., a proposed new species causing sepsis. *J Clin Microbiol* 2001;39:1467–76.
- [12] Tang Y, Teng JL, Cheung CL, Ngan AH, Huang Y, Wong SS, et al. *Tsukamurella serpentis* sp. nov., isolated from the oral cavity of Chinese cobras (*Naja atra*). *Int J Syst Evol Microbiol* 2016;66:3329–36.
- [13] Dworkin M, Falkow S, Rosenberg E, Schleifer KH, Stackebrandt E. The prokaryotes. In: *Bacteria: firmicutes, cyanobacteria*, vol. 4. New York: Springer; 2006.
- [14] Goodfellow M, Zakrzewska-Czerwinska J, Thomas E, Mordarski M, Ward A, James A. Polyphasic taxonomic study of the genera *Gordona* and *Tsukamurella* including the description of *Tsukamurella wratislavensis* sp. nov. *Zentralbl Bakteriol* 1991;275:162–78.
- [15] Parte A, Whitman W, Goodfellow M, Kämpfer P, Busse HJ, Trujillo M, et al. Bergey's manual of systematic bacteriology. In: *The Actinobacteria*, vol. 5. New York: Springer; 2012.
- [16] Liu CY, Lai CC, Lee MR, Lee YC, Huang YT, Liao CH, et al. Clinical characteristics of infections caused by *Tsukamurella* spp. and antimicrobial susceptibilities of the isolates. *Int J Antimicrob Agents* 2011;38:534–7.
- [17] Schwartz MA, Tabet SR, Collier AC, Wallis CK, Carlson LC, Nguyen TT, et al. Central venous catheter–related bacteraemia due to *Tsukamurella* species in the immunocompromised host: a case series and review of the literature. *Clin Infect Dis* 2002;35:e72–7.
- [18] Shapiro CL, Haft RF, Gantz NM, Doern GV, Christenson JC, O'Brien R, et al. *Tsukamurella paurometabolum*: a novel pathogen causing catheter-related bacteraemia in patients with cancer. *Clin Infect Dis* 1992;14:200–3.
- [19] Chong Y, Lee K, Chon CY, Kim MJ, Kwon OH, Lee HJ. *Tsukamurella inchonensis* bacteraemia in a patient who ingested hydrochloric acid. *Clin Infect Dis* 1997;24:1267–8.
- [20] Jones RS, Fekete T, Truant AL, Satishchandran V. Persistent bacteraemia due to *Tsukamurella paurometabolum* in a patient undergoing hemodialysis: case report and review. *Clin Infect Dis* 1994;8:30–2.
- [21] Shim HE, Sung H, Baek SM, Namgung S, Kim MN, Kim YG, et al. A case of catheter-related bacteraemia of *Tsukamurella pulmonis*. *Korean J Lab Med* 2009;29:41–7.
- [22] Clausen C, Wallis CK. Bacteremia caused by *Tsukamurella* species. *Clin Microbiol News* 1994;16:6–8.
- [23] Esteban J, Calvo R, Molleja A, Soriano F. Isolation of *Tsukamurella*-like organisms from human samples: contamination, colonization, or infection? *Clin Microbiol News* 1998;20:6–8.
- [24] Elshibly S, Doherty J, Xu J, McClurg R, Rooney P, Millar B, et al. Central line–related bacteraemia due to *Tsukamurella tyrosinosolvens* in a haematology patient. *Ulster Med J* 2005;74:43.
- [25] Prinz G, Ban E, Fekete S, Szabo Z. Meningitis caused by *Gordona aurantiaca* (*Rhodococcus aurantiacus*). *J Clin Microbiol* 1985;22:472–4.
- [26] Shaer A, Gadegbeku C. *Tsukamurella* peritonitis associated with continuous ambulatory peritoneal dialysis. *Clin Nephrol* 2001;56:241–6.
- [27] Woo PC, Fong AH, Ngan AH, Tam DM, Teng JL, Lau SK, et al. First report of *Tsukamurella* keratitis: association between *T. tyrosinosolvens* and *T. pulmonis* and ophthalmologic infections. *J Clin Microbiol* 2009;47:1953–6.
- [28] Tam PM, Young AL, Cheng L, Congdon N, Lam PT. *Tsukamurella*: an unrecognized mimic of atypical mycobacterial keratitis? The first case report. *Cornea* 2010;29:362–4.
- [29] Chen CH, Lee CT, Chang TC. *Tsukamurella tyrosinosolvens* bacteraemia with coinfection of *Mycobacterium bovis* pneumonia: case report and literature review. *SpringerPlus* 2016;5:2033.
- [30] Granel F, Lozniewski A, Barbaud A, Lion C, Dailloux M, Weber M, et al. Cutaneous infection caused by *Tsukamurella paurometabolum*. *Clin Infect Dis* 1996;23:839–40.
- [31] Woo PC, Ngan AH, Lau SK, Yuen KY. *Tsukamurella* conjunctivitis: a novel clinical syndrome. *J Clin Microbiol* 2003;41:3368–71.
- [32] Sheng WH, Huang YT, Chang SC, Hsueh PR. Brain abscess caused by *Tsukamurella tyrosinosolvens* in an immunocompetent patient. *J Clin Microbiol* 2009;47:1602–4.
- [33] Mehta YB, Simonelli P, Goswami R, Bhanot N, Mehta Z. *Tsukamurella* infection: a rare cause of community-acquired pneumonia. *Am J Med Sci* 2011;341:500–3.
- [34] Alcaide ML, Espinoza L, Abbo L. Cavitary pneumonia secondary to *Tsukamurella* in an AIDS patient. First case and a review of the literature. *J Infect* 2004;49:17–9.
- [35] Ménard A, Degrange S, Peuchant O, Nguyen TDT, Dromer C, Maugein J. *Tsukamurella tyrosinosolvens*—an unusual case report of bacteraemic pneumonia after lung transplantation. *Ann Clin Microbiol Antimicrob* 2009;8:30.
- [36] Maalouf R, Mierau SB, Moore TA, Kaul A. First case report of community-acquired pneumonia due to *Tsukamurella pulmonis*. *Ann Intern Med* 2009;150:147–8.
- [37] de Jesus Perez VA, Swigris J, Ruoss SJ. Coexistence of primary adenocarcinoma of the lung and *Tsukamurella* infection: a case report and review of the literature. *J Med Case Rep* 2008;2:207.
- [38] Inchingo R, Nardi I, Chiappini F, Macis G, Ardito F, Sali M, et al. First case of *Tsukamurella pulmonis* infection in an immunocompetent patient. *Respir Med CME* 2010;3:23–5.
- [39] Maertens J, Wattiau P, Verhaegen J, Boogaerts M, Verbist L, Wauters G. Catheter-related bacteraemia due to *Tsukamurella pulmonis*. *Clin Microbiol Infect* 1998;4:51–5.
- [40] del Molino Bernal ICP, Cano ME, de la Fuente CG, Martínez-Martínez L, López M, Fernández-Mazarrasa C, et al. *Tsukamurella pulmonis* bloodstream infection identified by secA1 gene sequencing. *J Clin Microbiol* 2015;53:743–5.
- [41] Bouza E, Pérez-Parra A, Rosal M, Martín-Rabadán P, Rodríguez-Créixems M, Marín M. *Tsukamurella*: a cause of catheter-related bloodstream infections. *Eur J Clin Microbiol Infect Dis* 2009;28:203–10.
- [42] Lai KK. A cancer patient with central venous catheter–related sepsis caused by *Tsukamurella paurometabolum* (*Gordona aurantiaca*). *Clin Infect Dis* 1993;28:285–7.
- [43] Sheridan EA, Warwick S, Chan A, Dall'Antonia M, Koliou M, Sefton A. *Tsukamurella tyrosinosolvens* intravascular catheter infection identified using 16S ribosomal DNA sequencing. *Clin Infect Dis* 2003;36:e69–70.
- [44] Takebe I, Sawabe E, Ohkusu K, Tojo N, Tohda S. Catheter-related bloodstream infection by *Tsukamurella inchonensis* in an immunocompromised patient. *J Clin Microbiol* 2014;52:2251–3.
- [45] Rey D, De Briel D, Heller R, Fraisse P, Partisan M, Leiva-Mena M, et al. *Tsukamurella* and HIV infection. *AIDS* 1995;9:1379.
- [46] Almeida DR, Miller D, Alfonso EC. *Tsukamurella*: an emerging opportunistic ocular pathogen. *Can J Ophthalmol* 2010;45:290–3.
- [47] Savini V, Fazio P, Favaro M, Astolfi D, Polilli E, Pomilio A, et al. Tuberculosis-like pneumonias by the aerobic actinomycetes *Rhodococcus*, *Tsukamurella* and *Gordonia*. *Microbes Infect* 2012;14:401–10.
- [48] Conville PS, Witebsky FG. *Nocardia*, *Rhodococcus*, *Gordonia*, *Actinomadura*, *Streptomyces*, and other aerobic actinomycetes. In: Versalovic J, Carroll KC, Funke G, Jorgensen JH, Landry ML, Warnock DW, editors. *Manual of clinical microbiology*. 10th ed. Washington, DC: American Society for Microbiology; 2011. p. 443–71.
- [49] Hsueh PR, Lee TF, Du SH, Teng SH, Liao CH, Sheng WH, et al. Bruker Biotype matrix-assisted laser desorption ionization–time of flight mass spectrometry system for identification of *Nocardia*, *Rhodococcus*, *Kocuria*, *Gordonia*, *Tsukamurella*, and *Listeria* species. *J Clin Microbiol* 2014;52:2371–9.
- [50] Teng JL, Tang Y, Huang Y, Guo FB, Wei W, Chen JH, et al. Phylogenomic analyses and reclassification of species within the genus *Tsukamurella*: insights to species definition in the post-genomic era. *Front Microbiol* 2016;7:1137.

- [51] Park SW, Kim SM, Park ST, Kim YM. *Tsukamurella carboxydivors* sp. nov., a carbon monoxide-oxidizing actinomycete. *Int J Syst Evol Microbiol* 2009;59:1541–4.
- [52] Yassin A, Rainey F, Brzezinka H, Burghardt J, Rifai M, Seifert P, et al. *Tsukamurella pulmonis* sp. nov. *Int J Syst Evol Microbiol* 1996;46: 429–36.
- [53] Teng JL, Tang Y, Chiu TH, Cheung CL, Ngan AH, Ngai C, et al. The *groEL* gene is a promising target for species-level identification of *Tsukamurella*. *J Clin Microbiol* 2017;55:649–53.
- [54] Pérez del Molino Bernal IC, Balbin JA. *seqA1* is a useful target for identification of *Tsukamurella pulmonis*. *J Clin Microbiol* 2017;55:1591.
- [55] Pérez del Molino Bernal I, Cano García ME, García de la Fuente C, Martínez Martínez L, López M, Fernández Mazarrasa C, et al. *Tsukamurella pulmonis* bloodstream infection identified by *secA1* gene sequencing. *J Clin Microbiol* 2015;53:743–5.
- [56] Tamura K, Peterson D, Peterson N, Stecher G, Nei M, Kumar S. MEGA5: molecular evolutionary genetics analysis using maximum likelihood, evolutionary distance, and maximum parsimony methods. *Mol Biol Evol* 2011;28:2731–9.
- [57] Clinical and Laboratory Standards Institute. Susceptibility testing of mycobacteria, Nocardia and other aerobic actinomycetes. Approved standard, second edition. CLSI document M24-A2. Wayne, PA: Clinical and Laboratory Standards Institute; 2011.
- [58] Long SS, Pickering LK, Prober CG. Principles and practice of pediatric infectious disease. Amsterdam: Elsevier/Saunders; 2012.
- [59] Georgiev VS. Opportunistic infections: treatment and prophylaxis. New York: Humana Press; 2003.
- [60] Teng JL, Tang Y, Wong SS, Ngan AH, Huang Y, Tsang CC, et al. *Tsukamurella hongkongensis* sp. nov. and *Tsukamurella sinensis* sp. nov., isolated from patients with keratitis, catheter-related bacteraemia and conjunctivitis. *Int J Syst Evol Microbiol* 2016;66:391–7.
- [61] Yassin A, Rainey F, Brzezinka H, Burghardt J, Lee H, Schaal K. *Tsukamurella inchonensis* sp. nov. *Int J Syst Evol Microbiol* 1995;45:522–7.
- [62] Nam SW, Kim W, Chun J, Goodfellow M. *Tsukamurella pseudospumae* sp. nov., a novel actinomycete isolated from activated sludge foam. *Int J Syst Evol Microbiol* 2004;54:1209–12.
- [63] Weon HY, Yoo SH, Anandham R, Schumann P, Kroppenstedt RM, Kwon SW, et al. *Tsukamurella soli* sp. nov., isolated from soil. *Int J Syst Evol Microbiol* 2010;60:1667–71.
- [64] Nam SW, Chun J, Kim S, Kim W, Zakrzewska-Czerwinska J, Goodfellow M. *Tsukamurella spumae* sp. nov., a novel actinomycete associated with foaming in activated sludge plants. *Syst Appl Microbiol* 2003;26:367–75.
- [65] Yassin A, Rainey F, Burghardt J, Brzezinka H, Schmitt S, Seifert P, et al. *Tsukamurella tyrosinosolvens* sp. nov. *Int J Syst Evol Microbiol* 1997;47: 607–14.