

[PICTURES IN CLINICAL MEDICINE]

Disseminated *Mycobacterium chelonae* Infection, Including Discitis

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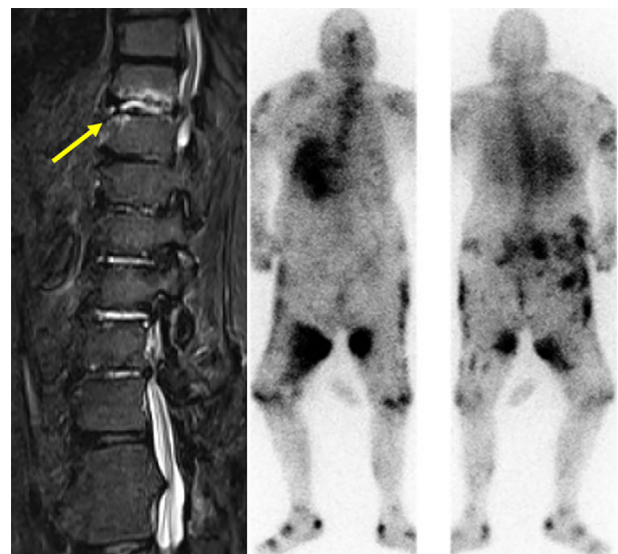
Key words: *Mycobacterium chelonae*, disseminated, bloodstream infection, discitis

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Picture 1.



Picture 2.

A 72-year-old man with chronic kidney disease (CKD), diabetes and prostate cancer with no immunosuppressants was admitted because of shock vital. An human immunodeficiency virus (HIV) test was not performed. There were many ulcers on his limbs (Picture 1). Computed tomography revealed an infiltrative shadow in his right lung. Magnetic resonance imaging confirmed edema in the vertebral disk at Th9/Th10, and gallium scintigraphy showed accumulation (Picture 2). A blood culture was positive for *Mycobacterium chelonae*. Ziehl-Neelsen staining was positive for both the skin ulcer and sputum. A pathological examination of the skin ulcer showed granulomas without necrosis. He was diagnosed with disseminated *M. chelonae* infection. Reports of disseminated *M. chelonae* infections are limited (1). Disseminated rapid-growing mycobacterium infections, including *M. chelonae*, have been described in patients with cancer, chemotherapy and HIV (1, 2). Prostate cancer along with CKD and diabetes may have contributed to disseminated infection in this case.

Ethical approval was not required. Informed consent was obtained from the patient.

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

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