Disseminated *Mycobacterium avium* Complex Infection in a Compromised Host

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A 75-year-old woman with polymyositis, who had received medication of corticosteroids and immune-suppressive agents, presented with backache. Chest X-ray and computed tomography (CT) showed multiple nodules and infiltrative shadow in both peripheral lungs (Picture 1). 

$^{18}$F-fluorodeoxyglucose positron emission tomography demonstrated an increased uptake in both lungs, the thoracolumbar spine, right shoulder and elbow, and in both forearms (Picture 2). Lumbar spine (L) magnetic resonance imaging (MRI) showed infiltrative granulomatous soft tissue imaging in L2 (Picture 3 Upper Left: T1, Right: T2). T1- and T2-weighted MRI of left-forearm showed slight high intensity (Picture 3 Lower Left: T1, Right: T2). Transbronchial lung biopsy, skin biopsy and CT-guided bone biopsy detected only *Mycobacterium intracellulare*. As she responded poorly to rifampicin, ethambutol and clarithromycin, kanamycin was added. After two months, she achieved remission status and thus spinal fusion surgery was performed (Picture 4).
This is the first reported case successfully treated with a combination of chemotherapy and surgery.

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