Nocardia Intramuscular Abscess in an Elderly Patient

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Key words: nocardiosis, intramuscular abscess, Gram-staining, immune status

(Intern Med 55: 2743-2744, 2016)

(DOI: 10.2169/internalmedicine.55.7044)

Picture.

An 84-year-old man was admitted with a fever. His treatments included medications for diabetes for over 30 years, insulin injection after steroid therapy for polymyalgia rheumatica for nine months, and voriconazole for pulmonary aspergillosis for three months.

Right thigh computed tomography detected intramuscular low-density lesions with rim thickness (Picture A-C). Cream-colored discharge by ultrasound-guided aspiration suggested intramuscular abscesses. Gram-staining revealed filamentous Gram-positive bacilli (Picture D), suggesting *Nocardia*. After administering nocardiosis-specific treatment,

the patient recovered from his symptoms. The discharge-culture of *Nocardia* sp. and the antimicrobial susceptibility tests results were subsequently reported.

Nocardiosis is an opportunistic infectious disease affecting immunosuppressed patients (1, 2). As microbial tests for *Nocardia* are time-consuming, morphological findings from Gram-staining are valuable for the initial diagnosis. This case emphasizes the importance of reference to Gram-staining for antimicrobial therapy, and the assessment of the patient's immune status.

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Received for publication December 27, 2015; Accepted for publication February 3, 2016

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

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