A 79-year-old woman with a cough was admitted for pneumonia. Chest computed tomography (CT) performed eight days before admission revealed nodules in the upper lobes, atelectasis of the middle lobe, and consolidation in the left lower lobe (Picture 1). In addition, chest CT at admission showed extensive consolidation in the right lower lobe (Picture 2).
lobe (Picture 2). Since no improvement was seen with sulbactam/ampicillin for six days starting from the admission day, bronchoscopy was performed. A transbronchial lung biopsy specimen taken from the right S’ showed epithelioid cell granuloma (Picture 3) and was culture-positive for Mycobacterium avium. The patient was diagnosed with pulmonary M. avium complex (MAC) infection, and their symptoms improved with mycobacterium chemotherapy. Although a prior study reported that consolidation was seen in 11% of immunocompetent patients with pulmonary MAC infection (1), no cases showed extensive consolidation in just eight days, as was seen in this patient. This patient had no immunosuppressive illness and no anti-interferon-γ-neutralizing autoantibodies. This case underscores the importance of recognizing pulmonary MAC infection with extensive consolidation in immunocompetent patients.

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Reference