

Case report: Recurrent pulmoner tuberculosis caused by a non-pathogen mycobacterium

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Mycobacterium szulgai was first defined in 1972 as a non pathogen mycobacterium which grows slowly and rarely causes disease in human beings. Although it involves lungs most commonly, organ involvement and disseminated disease may rarely occur. Enviromental sources such as aquariums, swimming pools and tropical fish have been demonstrated.

Our female patient at the age of 39 referred to our center in July 2011 with the complaints of cough and sputum lasting over a month. She received treatment for pulmoner tuberculosis at the age of 15. She was treated with isoniazid, rifampicin, ethambutol and pyrazinamide for six months and later some pulmoner sequels developed. Since then, she had lung infections at times and usually recovered within 1-2 weeks. Her sputum smear analysis in July 2011 was found to be (+) for Acid-fast bacilli (AFB) and both new pulmoner infiltrations and sequel infiltrations has been viewed in Chest Xray. Anti-tuberculosis treatment was initiated immediately with isoniazid, rifampicin, ethambutol, pyrazinamide and streptomycin with the diagnosis of recurrent pulmoner tuberculosis. According to the culture results at the second month of treatment and Dot Blot Hybridization method, infectious agent has been identified as Mycobacterium szulgai. Meanwhile, no improvement occurred in her clinical picture and in sputum smear examination for AFB. (+++) bacillus was observed in sputum smear test. In drug resistance tests, rifampicin resistance was observed and treatment was reorganized again on 2nd month with isoniazid, rifampicin, and ethambutol. At the end of third month, she has started to improve clinically and radiologically. At fourth month, sputum smear for AFB examination was found to be (-) and overall treatment was completed to 12 months with isoniazid, rifampicin, and ethambutol.

Conclusion: Since non pathogenous bacteria usually emerge on the background of previous pulmoner tuberculosis and in immunesupressed patients, the patients should undergo immunological evaluation. In treatment drugs should be chosen according to drug resistance test. In cases of pulmoner tuberculosis, the number of drugs should not be reduced without observing clinical improvement and waiting for the results of drug resistance tests.

Biography

C. Oztug ONAL graduated from Gazi University Medical Faculty and completed his Ph.D at the age of 33 years from Department of Immunology at the same university. He worked at the Refik Saydam National Health Agency for 8 years. From 2012 to present he is working at 4th Tuberculosis Dispensary/Ankara.

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