

Atypical Presentation of Atypical Organism

Seventy day old female infant presented with respiratory distress from 55 days of life. neonatal period was uneventful. Chest X-ray revealed opacities of the right upper and middle lobe. This child received parenteral ceftriaxone and oral azithromycin prior to coming to our hospital. Repeat X-ray was similar to the initial one. Clinically, child had dyspnea, tachypnea and required oxygen to maintain 100% SpO₂. In view of persistent pneumonia child was subjected to bronchoscopy and bronchoalveolar lavage secretions were sent for acid-fast bacilli smear and culture. Smear for acid-fast bacillus was positive and hence antituberculous drugs (2HRZE) were started pending culture report. Initial cultures had grown *M. chelonae*, which is atypical mycobacteria and is usually a contaminant. Hence, anti-tubercular drugs were continued. Final cultures revealed overgrowth of *M. Chelonae* and no growth of *Mycobacterium tuberculosis*. There was no significant improvement after 2 weeks of antituberculous treatment. Hence we considered *M. chelonae* as pathogenic and started the child on oral Ofloxacin and Clarithromycin to which it is usually sensitive. Antituberculous drugs were discontinued, as *M. chelonae* is resistant to the conventional anti-tuberculous drugs. Two weeks after specific treatment, there was significant improvement in the clinical condition and four weeks later there was near total clearance of radiological lesions.

M. chelonae is an atypical mycobacteria and a

rare cause of pulmonary infection in children. They are rapid growers and usually outgrow the media. It usually causes cervical lymphadenitis and disseminated disease in immunocompromised children and children with cystic fibrosis(1). In this child the immunological status was normal as evidenced by normal immunoglobulin profile and negative screening for HIV by ELISA. The American Thoracic Society(2) recommends the following criteria for diagnosing pathogenic infections caused by atypical mycobacteria and our child satisfied all those criteria: namely radiological changes, isolation of multiple colonies of the same pathogen and absence of other potential pathogens. The treatment of *M. chelonae* is not yet standardized; however sensitivity to macrolides and quinolones has been reported(3).

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