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**“Granulomatous Tenosynovitis of the Hand Due to *Mycobacterium kansasii* in an Immune-Competent Host”**

A 50-year-old male with a past medical history of intravenous drug use and compensated cirrhosis due to treated Hepatitis C infection presented to an orthopedic clinic with a rare form of a *Mycobacterium kansasii* infection. Normally this infection lends itself to pulmonary manifestations in immunocompromised individuals [1]; however, this immunocompetent patient presented solely with skeletal complaints, specifically in the form of a mass on the dorsal surface of his left wrist which was later diagnosed as severe extensor tenosynovitis. Surgery was suggested as treatment, but the patient did not elect to undergo the procedure as the mass spontaneously resolved. However, the mass reappeared months later, and as a result a tenosynovectomy was performed. Cultures from the surgical specimen identified the microbe as *M. kansasii*. Given that there is no suggested treatment plan for an isolated skeletal *M. kansasii* infection, the patient was successfully treated for 12 months with empiric rifampicin, azithromycin, and ethambutol, an adapted version of the treatment for a MAC skeletal infection [2].

1. Bhatt, K. and K. Banavathi, *Mycobacterium kansasii* osteomyelitis - a masquerading disease. *JMM Case Rep*, 2018. 5(1): p. e005114.
2. Griffith, D.E., et al., An official ATS/IDSA statement: diagnosis, treatment, and prevention of nontuberculous mycobacterial diseases. *Am J Respir Crit Care Med*, 2007. 175(4): p. 367-416.