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“Rare Presentation of Granulomatous Synovitis due to Non-Tuberculous Mycobacterium”

A 50-year-old, immunocompetent male arrived at an orthopedic clinic with complaints of a recurrent “bump” on the dorsal surface of his left wrist. He had a past medical history of intravenous drug use and compensated cirrhosis, following treatment for hepatitis C infection. A tenosynovectomy was performed for severe tenosynovitis of the extensor compartment diagnosed via physical exam and MRI. Intraoperative cultures grew *Mycobacterium kansasii*, a bacterium which normally causes pulmonary symptoms in immunocompromised hosts [1]. Thus, it was extremely rare that an *M. kansasii* infection manifested solely as a skeletal infection. Post-surgery, the patient was prescribed a combination of empiric rifampicin, azithromycin, and ethambutol for 12 months. This treatment was modified from the recommended regimen for a MAC infection of the skeletal system, as there was not a suggested treatment plan for an *M. kansasii* skeletal infection [2]. The patient had no recurrence of symptoms.

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.