

# TUBERCULOSIS AND LUNG DISEASE

September 20-21, 2017 | Philadelphia, USA

## ***Mycobacterium fortuitum* as a rare etiology of red breast syndrome: A case report and review of literature**

**Benjamin O Lawson and Laura Schroeder**  
Honor Health Medical Center, USA

**Background:** Based on the 2015 plastic surgery statistics report, 106,338 females underwent breast reconstructive surgery in the United States. Infection following breast reconstruction with tissue expanders and implants remains a concern, with a reported incidence that ranges from 1 to 6 percent. We present a case of patient who developed red breast syndrome after undergoing breast reconstructive surgery involving a tissue expander placement without an acellular dermal matrix product.

**Case Presentation:** A 54-year-old otherwise healthy female underwent a left modified radical mastectomy and right prophylactic simple mastectomy for inflammatory breast cancer. Pathology returned as Grade III invasive ductal carcinoma with 1/7 positive lymph nodes in left breast and lobular carcinoma *in situ* in right breast. Five years later, she underwent bilateral breast reconstruction with tissue expanders. Two and a half months later, the patient noticed a small area of redness. She was diagnosed with mastitis and IV vancomycin and ceftriaxone were initiated. The patient returned to the operating room two days later where an exchange of right breast tissue expander with another expander and debridement within the breast pocket with lateral and inferior pole capsulotomies was performed. During that procedure, cultures were taken and subsequently grew *M. fortuitum*. She was discharged home with IV amikacin and cefoxitin through PICC line, and


changed to oral ciprofloxacin and clarithromycin based on sensitivities. Her infection cleared shortly thereafter.

**Discussion:** *M. fortuitum* is classified as nontuberculous *Mycobacterium* that is described as rapidly growing mycobacteria as they usually grow in subculture within one week. *M. fortuitum* is considered the most common rapidly growing *Mycobacterium* (RGM) from non-respiratory specimens (11). If there is high suspicion for nontuberculous mycobacterial infection, then it is recommended empiric therapy to include intravenous amikacin plus intravenous Cefoxitin and total treatment for a minimum of 3-6 months. To our knowledge and after literature search, this is the first report of *M. fortuitum* cultured status post breast reconstructive surgery with tissue expanders, not implants and without acellular dermal matrix.

### **Speaker Biography**

Benjamin O Lawson has attended medical school at the Universidad Autónoma de Guadalajara in Guadalajara, Mexico where he has graduated valedictorian of his class in 2015. He completed undergraduate studies at the University of Arizona with a Bachelor of Science degree in Ecology and Evolutionary Biology with a minor in Business Administration. From 2015-2016, he completed an internship year in General Surgery at Banner University Medical Center in Phoenix, AZ. He is currently, practicing medicine as an Internal Medicine Resident at Honor Health Medical Center in Scottsdale, AZ. His research interests are in quality improvement, rare infections, and Eosinophilic Esophagitis.

e: [benlawson32@yahoo.com](mailto:benlawson32@yahoo.com)

 Notes: