

Suspected *Mycobacterium abscesses* infection post cosmetic surgery in the Dominican Republic

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There have been reports associated with an increased number of *Mycobacterium* species and nontuberculous species isolated from those who received plastic surgery procedures in the Dominican Republic. *Mycobacterium abscesses* is associated with nosocomial transmissions and is responsible for multiple soft tissue diseases, bacteremia and is known to be quite multi-drug resistant. We have a case of suspected *Mycobacterium abscesses* in a patient who had liposuction and an abdominoplasty in the Dominican Republic and later on developed multiple abscesses at the liposuction injection sites.

Case Presentation: Our patient is a 53 year-old Trinidadian female without significant PMHx who completed liposuction along with abdominoplasty involving a redistribution of the fat into the buttocks in the Dominican Republic. Patient reports that one month after the procedure, she started to experience pain in her buttocks associated with fevers and chills. She had an incision and drainage at a major NYC hospital and cultures were taken at that time. Patient remained in the hospital for IV Imipenem/Cilastatin and Cefoxitin. AFB stain from the first I+D was positive for *Mycobacterium sp.* She continued to have persistent pain even while on her antibiotic regimen at home, therefore, she presented to our hospital a few weeks after her previous discharge. On physical exam, there were multiple abscess formations of varying sizes (1cm to 8cm) at the liposuction sites that were variably fluctuant in nature. *Mycobacterium abscesses* was

not isolated in our hospital, but clinical suspicion was very high due to travel history and positive AFB from prior wound culture; hence, the patient was discharged on Ciprofloxacin, Clarithromycin and Linezolid for 4 months with a follow up at our Infectious Disease office.

Discussion: *Mycobacterium abscesses* is comprised of a group of multi drug resistant subclasses of nontuberculous mycobacteria that are responsible for pulmonary, CNS, ocular, skin and deep tissue manifestations in addition to bacteremia. It was known to be a water contaminant but over the years it has been known to contaminate medical devices. AFB stain for *Mycobacterium sp* has a specificity of 97.5%. However, in our patient, wound cultures did not show any microbial growth which is most likely due to the patient being on multiple antibiotic treatments. Typical treatment is a combination antimicrobial therapy of a macrolide usually Clarithromycin in addition to Amikacin and Cefoxitin or Amikacin and Imipenem for several months. Source of infection could be contaminated tap water used to clean the cannulae during liposuction or contamination of the ammonium solution used to disinfect the instruments.

Speaker Biography

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