Fatal Pulmonary Infection with *Mycobacterium celatum* in an Apparently Immunocompetent Patient

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*Mycobacterium celatum* is a recently described mycobacterium isolated from patients who have suppressed cell-mediated immunity, such as AIDS. We present here, to our knowledge, the first report of a fatal pulmonary infection caused by *M. celatum* in a 73-year-old immunocompetent female patient. The mycobacterium was identified by a 16S rRNA sequence analysis.

*Mycobacterium celatum* is a recently described nontuberculous mycobacterium (3, 18). These nontuberculous, or atypical, mycobacteria are found widely in nature. Only a few species are pathogenic in humans. The epidemiology of these organisms is not well understood, but person-to-person transmission has never been demonstrated. Most infections occur in patients with suppressed cell-mediated immunity, such as AIDS (6, 9, 13, 17). Immunocompetent patients are rarely infected. Single cases of pulmonary infection or lymphadenitis caused by *Mycobacterium scrofulaceum*, *Mycobacterium avium* complex, or *Mycobacterium kansasi* have been observed (1). One child with lymphadenitis caused by *M. celatum* has been reported (8). To our knowledge, a pulmonary infection by *M. celatum* is an immunocompetent patient has not been described.

**Case report.** A 73-year-old female Caucasian patient (163 cm, 61 kg) developed a nonproductive cough. Her medical and family histories were unremarkable, apart from diabetes mellitus type 2 diagnosed in 1985 and treated with glyburide (glibenclamide) (HbA1, 10.5%). Physical examination revealed no pathological findings except moist rales in the upper left lung. A chest X-ray (Fig. 1) and the presence of acid-fast bacteria in the gastric juice were the first signs of disease. Serological and molecular tests confirmed the diagnosis. The patient was treated with isoniazid, rifampin, and ethambutol. The patient felt better for 3 weeks. The sputum sample revealed acid-fast bacteria and nontuberculous mycobacteria. Acid-fast bacteria were isolated, coagulase negative staphylococci, ciprofloxacin, clarithromycin, and ethambutol were added to pyrazinamide and ethambutol. The patient felt better for 3 weeks. The sputum sample revealed acid-fast bacteria and nontuberculous mycobacteria. The patient was treated with isoniazid, rifampin, and ethambutol. The patient felt better for 3 weeks. The sputum sample revealed acid-fast bacteria and nontuberculous mycobacteria. The patient was treated with isoniazid, rifampin, and ethambutol. The patient felt better for 3 weeks.
lymphopenia. The T4/T8 ratio was in the normal range. Lymphocytopenia in the circulating blood is a characteristic feature of active tuberculosis (10, 12); it may be caused by local recruitment of CD4 T lymphocytes to the sites of infection, such as granulomas and pleural and ascitic exudates, where lymphocytes and their subsets, B-lymphocytes and natural cytotoxic cells in different tuberculosis states and body fluids. Rev. Clin. Exp. Infekt. Wochenschr. 1991.

REFERENCES