中文題目：緩黃分枝桿菌造成之肺部感染－個案報告

英文題目：Pulmonary Mycobacterium lentiflavum Infection: A Rare Cause of Chronic Lymphadenitis

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Introduction: *Mycobacterium lentiflavum* (*M. lentiflavum*), a slow-growth Runyon II nontuberculosis mycobacterium (NTM) with yellow pigmentation, has been isolated from soil and water samples. [1]. Although it is rarely considered pathogenic, there are increasing case reports that confirm the relationship with pulmonary disease, lymphadenitis, liver abscess, and even spondylodiscitis [2]. The virulence of the NTM should not be underestimated.

Case Presentation: A 56-year-old man, a heavy smoker, and Sjögren syndrome, who presented with intermittent low-grade fever for 2 weeks, with a symmetric and enlarged neck mass. Core needle biopsy guided by lymph node sonography reported chronic lymphadenitis. Positron emission tomography revealed hypermetabolic lymph nodes on both sides of the neck. Empirical antibiotic was ineffective for cervical lymphadenitis and symptoms developed, including spiking fever, arthralgia, cold sweating, and dry cough. The blood and urine culture acquired during admission yielded negative results. Chest computed tomography (CT) with contrast media revealed multiple solid and ground-glass opacities that scatter over both lungs. The culture of sputum smeared a NTM, and *M. lentiflavum* was confirmed by multiplex PCR. The three-drug combination consisting of the following: Clarithromycin 500 mg twice daily, moxifloxacin 400 mg daily, ethambutol 15 mg / kg daily were prescribed with the diagnosis of pulmonary *M. lentiflavum* infection. After six months of treatment, the above mentioned symptoms had subsided and the cervical lymph node decreased in size.

Discussion: To our knowledge, the large studies on pulmonary infection caused by *M. lentiflavum* are limited, but increasing case reports have been published. [2-5] There are several case reports on cervical lymphadenitis, which occur mainly in children and resulted in a good outcome with surgical removal. The atypical site of infection, including liver abscess, ileitis, and osteomyelitis, occurred more in immunosuppressed individuals [6]. Although, in this case, we were unable to confirm the pathogen in the cervical lymph nodes, infection with *M. lentiflavum* was still

highly suspected due to the efficacy of antibiotic treatment. In addition, pulmonary infection with *M. lentiflavum* was confirmed by sputum culture, which was also supported by multiple GGO on chest CT. Pulmonary *M. lentiflavum* disease mainly affects middle-aged and elderly women, which typically presented with a nodular / bronchiectatic pattern on chest CT [7]. There is no consensus on the regimen and duration of treatment for pulmonary *M. lentiflavum* infection. In this case, the patient received a combination of Clarithromycin, Moxifloxacin, and Ethambutol, which appears to be effective on the basis of clinical improvement.

Conclusion: The case reports of infection with M. *lentiflavum* increased in recent years. We should raise our alertness in non-tuberculosis mycobaterium infection.

References

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