

Resistance Amongst Us: A Case of *Mycobacterium Abscessus* From Medical Tourism Olivia Mobarakai, DO, Christine Palazzolo, DO

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Introduction

- Mycobacterium abscessus is a rapidly growing mycobacterium (RGM) that is ubiquitous in soil and water.
- There have been an increasing number of skin and soft tissue infections with *M. abscessus* arising from the use of improperly sterilized water and equipment during surgical procedures.
- Here we present a case of macrolide resistance
 Mycobacterium abscessus presenting as a soft tissue
 infection of a patient who underwent a Brazilian butt lift
 in the Dominican Republic.

Case Presentation

- A 40 year old female presented for evaluation of soft tissue infection. She had undergone a Brazilian butt lift in the Dominican Republic 3 months prior.
- She complained of boils, draining abscesses, and pain in her bilateral buttocks.
- She underwent an incision and drainage of one of the abscesses with wound cultures growing 2+ Mycobacterium abscessus that was macrolide resistant.
- She received 8 weeks of induction therapy with Imipenem, Amikacin, and Linezolid, following which time she was transitioned to Omadacycline and Clofamazine. At 12 week follow-up, her skin lesions had improved.

Relevant Laboratory Data

- At first ED appearance in Jan. 2023:
 - WBC 7.8
- At first outpatient encounter in Feb 2023:
 - WBC 10.1, CRP 10.3, ESR 38

Imaging









Figure 1. Top images from initial outpatient encounter and bottom images after treatment.

Liposuction and gluteal augmentation

Dec. 12 2022

ED visit CT shows superficial infection

AFB+ cultures

Jan. 15 2023

Feb. 9 2023

Dec. 21 2022

First appearance of abscesses and boils

Feb. 5 2023

I&D at Urgent Care

Discussion

- Mycobacterium abscessus complex (*MABC*) represents a group of non-tuberculous mycobacterium (NTM) that comprises three subspecies: *M. abscessus subsp. abscessus*; *M. abscessus subsp. bolletii*, and *M. abscessus subsp. Massiliense*.
- While pulmonary infection with *MABC* is most common, recently skin and soft tissue infections (SSTI) have been increasing due to contamination of surgical instrumentation.
- Treatment is difficult due to bacterial resistance to standard anti-tuberculosis agents as the *abscessus* subspecies contain a functional erythromycin resistance methylase (*erm*) gene, which causes inducible resistance to macrolides (1).
- Source control is important: drainage of all abscesses and removal of any infected foreign bodies.

Conclusion

- An increasing number of SSTIs caused by *M.* abscessus have been reported in cases of medical tourism after cosmetic or surgical procedures.
- With an estimated 1.4 million Americans traveling overseas each year for medical treatment, the ability to recognize SSTI with *M. abscessus* has become critical as delayed initiation of treatment can have devastating consequences.

References

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